

An evaluation of a parent emotion management group (PEMG) for highly distressed parents of children with disabilities

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Abstract

This paper reports an overview on Parent Emotion Management Group (PEMG) for highly distressed parents of disability children who also had severe difficulties in parenting and home training. The objectives of the PEMG were to regulate participants' distorted thinking and reduce parental stress. The PEMG consisted of eight sessions and emphasized on adjusting distorted thinking related to parental stress particular towards their difficult parenting times. Twenty-eight participants completed the group with pre and post assessment of Beck Depression Inventory-II (BDI-II) and Beck Anxiety Inventory (BAI). The result indicated there was a decreasing trend in participants' depression and anxiety level after the program. Feedback from the participants showed they had better understanding of themselves particular to the relationships among their thinking, feeling and behaviors. Some participants reported better stress management, problem solving and emotional control; which in return improved their parent-child relationship. The PEMG benefited those highly distressed parents with children of ASD.

Keywords: Parent Emotion Management, highly distressed parents of children with disabilities, distorted thinking

Introduction

Parents of children with developmental disabilities will experience greater stress in comparing with parents of normal children (Jones & Passy, 2004). Literature also shows parents of children with Autistic Spectrum Disorders (ASD) report to experience increase stress, depression and anxiety related to child behavior problems (Rezendes, D.L. & Scarpa, A., 2011). Most of the children with

ASD have some degree of developmental delay, child characteristics associate with their unique qualities may make parenting more difficult which is another source of stress to parents (Kennedy, 2012). Besides, children with developmental disabilities are at higher risk for exhibiting significant behavioral problems. Parental stress has been revealed to have impact on the development of these problems (Cameron, 2014). Study supports this bidirectional relationship between parenting

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stress and child behavior problems for mothers and fathers (Cameron & Shulamite, 2012).

It's common that when people are facing a stressful situation, it is easy for us to think negatively. Being a parent, often experiences the presence of negative thinking particular in the difficult parenting time. Kennedy's (2012) study shows distorted thinking is related to the development of parental stress which, in turn, increases the likelihood of a parent to use maladaptive parenting behaviors and this lead to child psychopathology. It also shows the more distorted thinking the parents have, the greater depressive symptoms they will have (Kennedy, 2012). The cognitive model of depression reveals the dysfunctional thoughts, including different types of distorted thinking can lead to negative emotion and affect individual behavior response to a situation (Beck, 1979). For instance, person with bias of oneself into a dangerous situation in future will experience anxious feeling and pays much attention response to focus on threat. (Beck, Emery & Greenberg, 2005). Whereas, decrease in cognitive distortions enhances parental coping and problem solving skills (Azar, 1999). This may contribute to better handling to children's behaviors. By understanding this pathway, it can lead to improved intervention and treatment, so as to promote better parenting to their children.

In Yaumatei Child Psychiatric Clinic, it has found that highly distressed parents of children with disabilities- including ASD, who have severe difficulties in parenting and home training, are generally required longer treatment period for individual training of the children and greater resource or professional input than non-highly distressed parents of children with similar problem. Sometimes, even therapeutic treatment outcome cannot be achieved if treatments are mainly emphasized on behavior intervention. The impact of parental stress signifies the need for appropriate treatment including training,

education and emotion support to this high risk group. Moreover, research evidence also indicates these strategies can help to minimize children's challenging behaviors and parental stress (Todd, Bromley, Ioannou, Harrison, Mellor, Taylor, and Crabtree, 2010). In view of this, a new program, Parent Emotion Management Group (PEMG), was initiated in order to provide timely and appropriate treatment to this high risk group of parents.

The PEMG

The purpose of PEMG was to regulate participants' distorted thinking and help them establishing alternative functional thoughts especially towards their difficult parenting times. Apart from the core intervention of modifying the distorted thinking related to participant's difficult parenting times, mindfulness exercise, problem solving and coping card would be used as part of the interventions to facilitate the treatment effect in PEMG.

Mindfulness-based stress reduction (MBSR) is used commonly in stress reduction nowadays. Mindfulness emphasizes on non-evaluative and sustaining moment-to-moment awareness, and mindful mode includes keeping attention in a non-judgmental, accepting way towards daily events (Barown, Ryan, & Creswell, 2007). Study by Huffziger & Kuehner (2009) indicates a short mindfulness training lead to self-focus induction can induce immediate and marked improvement of mood change. That means mindfulness helps people perceive things openly with acceptance and non-critical attitude, which ultimately lead to pleasant mood, and thus lead to a healthier life. Therefore, short periods of mindfulness exercise (i.e. mindfulness breathing and body scan) were included in the PEMG as one of therapeutic interventions to manage stress. It was expected that the mindfulness exercise could help participants relieve their physical

and psychological reactions caused by stress or negative emotions.

Coping card is a useful tool, and is commonly used in Cognitive Therapy. J. Beck (1995) mentioned that writing a key thought of an adaptive response on a card could serve the purpose of self-instruction to cope with a specific problematic situation. Therefore participants in PEMG were requested to write down their keys thoughts or adaptive response on a coping card as a reminder or self-instruction method in order to sustain the therapeutic effect during treatment. In the long run, participants have to equip themselves with the ability in self-help when encountering stressful periods. In view of these, problem solving techniques as a strategy of stress management were taught in PEMG as well. The PEMG was conducted by two psychiatric nurses, one is a certified cognitive therapist and the other is facilitator who is familiar with cognitive therapy.

Method

The participants

They were parents of children with developmental disabilities (including ASD and ADHD). Clinical referral was made by the case managers of the children with disabilities. Inclusion criteria were parents who had severe difficulties in parenting and home training and they also suffered from anxiety, depression or emotional problem that affected their handling of child. They were contacted before the group to confirm their willingness or their availability in joining the program.

Implementation of the PEMG

The treatment (PEMG) was conducted in groups of 6-8 participants and consisted of 8 weekly 2-hour group sessions. The session

content was structured and every session had a session theme. The first session included ice-breaking, introduction of the program and mood recognition which were implemented through socializing the participants into the group work. From session 2 onwards, topics on health education on mood problems and their impacts; psycho-education on the cognitive model of anger, anxiety and depression; recognition and evaluation of negative cognition; re-establishment of alternative thoughts and behaviors; application of new thoughts in problem solving; were implemented one by one in subsequent sessions. Mindfulness exercise was practiced near the end of each session.

Distorted thinking related to stressful events (e.g. difficult parenting times, like parents were feeling angry when managing temper tantrum of their children) would be identified and the participants would then be helped to re-establish adaptive thoughts and behavior with role-play to illustrate or practice the learned skills if necessary. Near the end of each session, participants would be asked to think of a useful statement, a key thought or an adaptive response and write it down on a coping card. The coping card could be kept in their purses or posted on an eye-catching area and served as a self-instruction to remind themselves for positive change between sessions.

Outcome measures

The participants were assessed by BDI-II (Beck, 1996) and BAI (Beck & Steer, 1990) before the commencement and after the completion of the program. During the program, each participant was assessed of the nature of their mood by 'mood check' at the beginning and at the end of each session. Participants were asked the intensity of their mood with rating from 0 -10 (0 is the least intensity and 10 is the highest intensity) (Beck, 1995).

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Data Analysis

Results /Outcome

There were a total of five PEMGs (total 40 sessions) conducted from 2012 to 2014. All were female participants. Originally there were 36 participants, three of them had withdrawn from the groups in the first three sessions either because of their poor physical health or unavailability to attend the group due to child care issue. Of these 33 participants, 85 % of them ($n=28$) had completed both pre and post assessment (5 of the participants were not available at the last session and could not complete the post questionnaires). Among these 28 participants

(mean attendance = 7.46 sessions, 93.3 %), 71.4% of them ($n=20$) were parents of children with ASD, the other 28.6 % of them ($n=8$) were parents of children with Attention Deficit Hyperactivity Disorder (ADHD). As indicated in Table 1, the total BDI score of participants decreased by 13.04 (paired t-test, $p<.001$, 95% C.I.=17.48 to 8.59), whereas the total BAI score of participants decreased by 9.07 (paired t-test, $p<.001$, 95% C.I.= 13.23 to 4.91). Normality test of Shapiro-Wilk and QQ plot of pre and post difference of each assessment were applied to confirm the normality of the samples. The result illustrated the participants had significant decrease in level of depression and anxiety after the program (Figure 1 & Figure 2).

Table 1
Parameter of pre and post BDI and BAI score

Parameter	Assessment					
	BDIpre	BDIPost	BDIdiff	BAIpre	BAIpost	BAIdiff
Mean	24.50	11.46	13.04	18.71	9.64	9.07
<i>SD</i>	9.89	8.84	11.46	11.28	7.17	10.73
95% C.I.			8.59 to 17.48			4.91 to 13.23
<i>p</i> -value			<.0001			<.0001

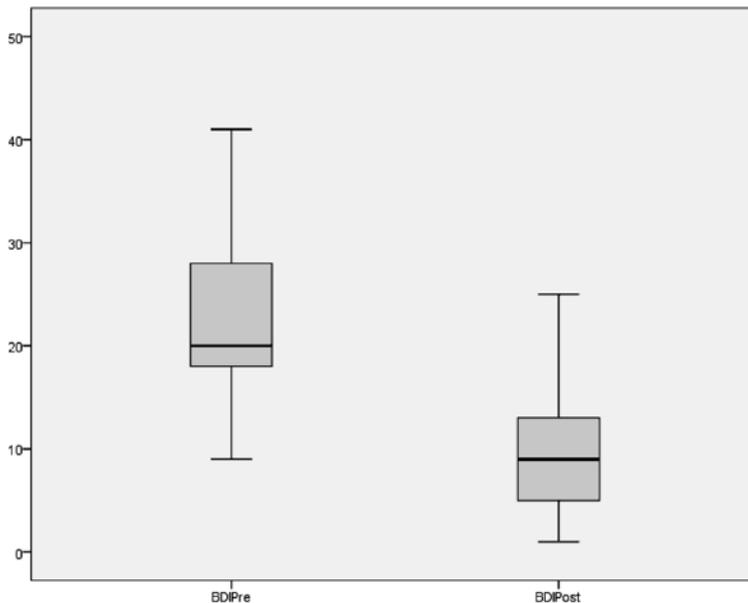


Figure 1: Trend of pre and post BDI score

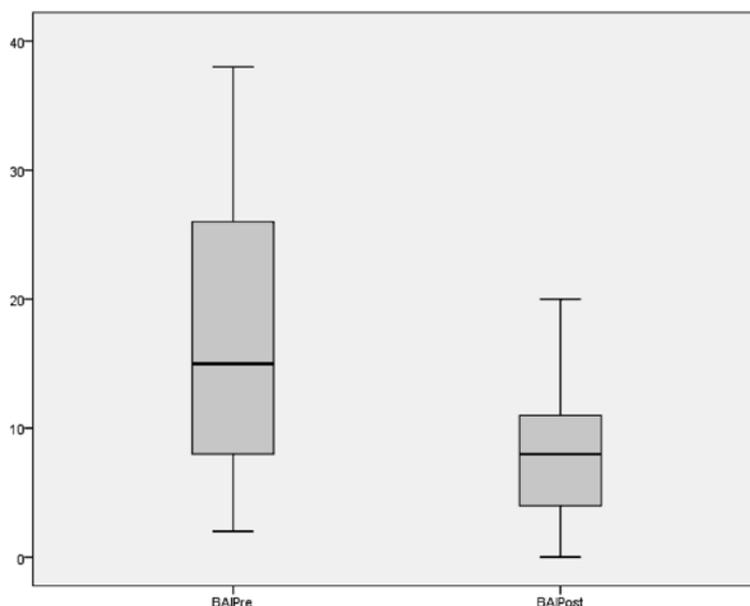


Figure 2: Trend of pre and post BAI score

Verbal feedback from participants showed they had gotten better understanding of themselves, such as the relationships among their thinking, feeling and behaviors. Some participants reported better stress management, problem solving skills and emotion control, which, in return, improved their parent-child relationship. For instance, during the time these participants were angry at their children, they would try to keep themselves calm and stand on children's perspective to see the problem. They realized if they could keep calmer themselves, they would feel more relaxed and would adopt better attitude in communicating with their children. The participants did treasure a lot about such positive change within the family.

Some of the participants could identify their own distorted thinking themselves and would try to regulate their thoughts. Initially some of the participants demonstrated catastrophizing thinking such as *"Their children would have poor future with difficult life because of their disability."*

However, after learning how to evaluate and re-establish the thought, their thoughts were changed to be more adaptive and functional that *"Their children will be supported and helped by community agencies in future, and being the parents of their children, they can learn how to help their children."* Their mood subsequently changed to be more positive and they felt they had greater energy and control to help their children and face the future difficulties.

Moreover, they felt the group could provide a safe platform for them to share feelings and opinions. They also expressed that it was difficult for them to be understood by others who didn't have a disable child. Besides, vicarious learning was observed among the participants especially during the activity of writing coping cards. Some participants would repeat or share other's useful key thought or adaptive response such as *"Love and be nice to own self"*, *"To appreciate their child and be supportive to them"*. The contents of coping cards written by participants

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were categorized and there were the themes related to parents themselves, liked *“To let go”*, *“Learn to relax”*, *“To control own emotion”*, *“To love and be nice to own self”* and *“Be thankful”*. The themes related to their children, liked, *“Understand their children from their perspectives”*, *“Love and appreciate their children”*, *“Have more acceptance and allowance to their children”*. The themes related to future and daily living, were *“Accept the fact”*, *“To keep hope in future”*, *“Live moment to moment”*, *“A problem can be resolved by many alternatives”*.

Participants expressed that they were very satisfied with the program and found the PEMG was both helpful and practical. The mean attendance among those 28 participants was 7.46 days which showed satisfactory attendance of the group. The stress level of participants was reduced in terms of anxiety and depressive symptoms as reflected in the decreasing trend of scoring in BAI and BDI. This illustrated that PEMG could help reducing the anxiety and depressive symptoms of participants to certain extent.

Discussion

The participants tended to have particular types of distorted thinking, such as labelling, catastrophizing, all-or-nothing, emotional reasoning, disqualifying or discounting the positive. Therefore tackling on distorted thinking was the primary focus of PEMG. When their distorted thinking was adjusted to be more adaptive, their mood changed to be more positive. This could be reflected from their coping card contents, liked *“To love and be nice to own self”*, *“Be thankful”* etc., the change of adaptive thinking seemed changed their attitude to their life and led to better emotion. The feedback and data from the participants mirrored the findings of the previous studies that helping parents to adjust their distorted thinking can reduce their parental stress (Kennedy, 2012). This could be

reflected from the decreasing trend of BDI and BAI score of the participants and this indicated that PEMG could help reducing the anxiety and depressive symptoms of participants to certain extent.

What's more, when participants increased understanding the relationship among their thinking, feeling and behaviors, they had tried to regulate their dysfunctional thoughts towards their children especially when facing the stressful difficult parenting times. As reported from the participants, they would try to keep calm and stand on children's perspective to see the problem, this could be reflected from their adaptive thoughts of *“Have more acceptance and allowances to their children”*, *“Accept the fact”*, *“Love and appreciate their children”*. The participants realized if they could keep calm and relaxed, they would adopt better attitude in the parent-child interaction and management to children behaviors. In return, their children would have increase in compliance and co-operation towards them. By mutually influence between each other, the parent-child relationship was improved and that could further reward appropriate communication between them. This further confirmed the idea that realistic evaluation and modification of thinking could result in improvement of mood and behavior (Beck, 1985), and also enhanced parental coping and problem solving (Azar, 1999).

Since all of the participants came from a similar background of having a child with development disability, they treasured the mutual support among themselves. It seemed that the universality within the group and the group dynamic might bring about positive influence to the PEMG. The group dynamic promoted learning and facilitated better outcomes, such as the observed vicarious learning among the participants by sharing their adaptive thoughts during the activity of writing coping cards. Apart from the mutual learning and support within the

group, group-based treatment could be cost effective.

However, there were challenges encountered during the group and cautions should be paid to parents' negative cognitions and emotions that might influence or reinforce other participants with same negative cognition especially during the first few sessions. Therefore, the therapists with knowledge in Cognitive Therapy and skillful techniques in holding a group were important to minimize the negative influence among the participants or supervision to less experienced or novice facilitator were essential to maintain therapeutic effect.

When the contents of the coping cards written by the participants were further categorized, all of them were positive and realistic. They could be divided into three different types of themes: towards parents themselves, towards their children, and towards future and daily life. As we could find all the themes were functional and most of the themes elicited by participants were similar to the suggestions for better stress management. This further echoed finding of Azar (1999) that parents could learn to adjust their distorted cognition with better ability in stress management and problem solving.

Besides, coping card and mindfulness exercise were useful for the group treatment. However, some of the participants seldom practiced mindfulness constantly at home though most of them experienced calming effect immediately after the exercise during the group. As we could observe that participants who had frequent practice of mindfulness could have better emotion and learn better, so special consideration to encourage participants to practice mindfulness constantly in future is suggested.

In PEMG, it was found that participants could grasp and master the skills better through

role play as role-playing can help to uncover automatic thoughts, develop rational response, modify intermediate and core beliefs, learning and practicing social skills (Beck, 1995). Besides, appropriate parenting skills to solve problems related to their difficult parenting situations were taught at the same time could facilitate their understanding and learning of the taught skills as well as increase the likelihood of practicing these skills at home.

Since there were 20 parents with children of ASD among 28 female participants (71.4%), the proportion of the participants was quite large. The results also highlighted that parents, who were suffered from anxiety, depression or emotion problem, with children of ASD can be benefited from PEMG or similar program as support to these parents are in high demand.

Another observation was found accidentally. For those participants who received individual training for managing their children during or after the PEMG, the treatment period for managing their children's misbehaviors was found to be shortened as compared with other highly distressed parents who only received child management training. Therapists of these children reviewed that it was easier for the parents (participants) to learn effective parenting skills and accept children's disabilities when compared with before. From that, we might propose that future PMEG or similar interventions had likelihood to help highly distressed parents who have emotional problems and difficulties in child management. Apart from alleviation in parental stress, the PEMG seemed to have treatment effect on child management. However, further research is suggested to prove the relationship among these factors so as to get better treatment direction for this high risk group of parents.

The strength of the PEMG

Different components of the PEMG contributed to the strengths of this program,

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which in turn promoted the therapeutic treatment effect of the program. For instance, participants were treasure to attend the group as it provided a safe platform and supportive environment for them to open up and share their internal thinking and feelings which they usually hid them up. Besides, the interventions of the PEMG were emphasized on helping participants on how to regulate their distorted thinking particular related to their difficult parenting times as well as using role play, teaching appropriate parenting skills if needed could facilitate the learning effect, because using participants' own examples could increase their participation and involvement during treatment. In turn, this could enhance their motivation to exercise the taught skills at home. While practicing mindfulness in group provided chance for participants to practice the taught skills and experience immediately calming effect could enhance their ability in stress management.

Limitation

Although the PEMG showed tendency to reduce parental stress, promote positive influence on parent-child relationship and better parenting, the original design of the program was treatment oriented and thus the outcome could not reflect the real treatment effectiveness. For instance, owing to the practical issue, the assessments were not specifically designed to measure the level of parental stress, competence and self-efficacy of parents.

Implications

The PEMG program indicated that highly distressed parents of children with disabilities who also had severe difficulties in parenting and home training could be benefited from the group. Yet, similar treatment program as PEMG is seldom found, the PEMG group is worth to be continued particular towards the highly distressed parents of ASD. However, further fine tune of the group is suggested in

order to achieve greater therapeutic effect. Such as special consideration to encourage participants to practice mindfulness at home, including other mindfulness exercise, likes mindfulness walk, so as to increase choices for participants to choose their suitable type of exercise, which can be fitted into their daily life and increase their motivation to practice. Besides, further investigation of the socio-demographic data for participants can provide more useful information or new insights to improve the treatment effect. For instance, to understand the relationship between the change of educational level and level of distorted thinking or level of anxiety and depressive symptoms of participants can suggest better choice of teaching strategies, like using concrete examples, written homework and notes or role play in order to promote learning of participants.

Since the program had lay down a foundation for further study, if resource is enough, using research design for future treatment group to further explore the relationship among different intervention components, such as understanding the relationship among distorted thinking, parental stress and effective parenting, together with measurement of parental stress level, competence and self-efficacy of parents are recommended. Hence a more real picture to indicate which parts of interventions are more significant and effective can be obtained and evidence-based practice with ultimate goals to provide better support to this high risk group of parents can be achieved.

摘要

「家長情緒管理小組」成效評估 - 為家有發展障礙孩子並受高度情緒困擾的家長而設的治療小組

本概覽涵蓋以小組治療為方法，針對有發展障礙孩子(包括自閉症譜系障礙)的家長，他們同時有高壓力及在管教時有

困難。小組強調調校引起壓力的扭曲想法，針對教養時感到最困難的處境。結果顯示參加者的抑鬱及焦慮指數有降低的趨勢。反饋顯示父母在情緒控制，壓力處理及親子關係有所改善。

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