



Evidence in promoting positive parenting through the Program-Guide to Develop Emotional Competences[☆]



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ABSTRACT

This study aims at providing evidence of the effectiveness of the Program-Guide to Develop Emotional Competences in promoting positive parenting. Contextual, institutional, methodological and professional issues were taken into account to develop a social innovation experience to support parenting as a preventive measure to family conflicts. The study describes both the contents of the Program-Guide and the methodological and evaluation issues that trained professionals need to consider when delivering the Program-Guide to families in natural contexts. Information was gathered and analyzed from 259 parents with children of ages 1–18 who participated in 26 parent training groups. A pre- and post-test design showed that after finishing the sessions parents perceived themselves more competent as parents according to the five dimensions of parenting competences considered: (1) emotional self-regulation abilities; (2) self-esteem and assertiveness; (3) communication strategies; (4) strategies to solve conflicts and to negotiate; and (5) strategies to establish coherent norms, limits and consequences to promote positive discipline. The study presents a discussion on these results from evidence-based parenting programs, as well as some strengths and limitations of the study, together with some suggestions for further research.

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Evidencias del fomento de la parentalidad positiva mediante el Programa-Guía para el Desarrollo de Competencias Emocionales, Educativas y Parentales

RESUMEN

Este estudio tiene como objetivo proporcionar evidencias de la eficacia del Programa-Guía para el Desarrollo de Competencias Emocionales, Educativas y Parentales para promover la parentalidad positiva. Se exponen aspectos contextuales, institucionales, metodológicos y profesionales llevados a cabo en una iniciativa de innovación social de apoyo a la parentalidad positiva como medida de prevención de conflictos familiares. Se han analizado datos de 259 familias con hijo/as de entre 1-18 años que han participado en 26 ediciones del Programa-Guía desarrolladas en otros tantos municipios de Asturias (España). A través de un diseño pre-test y post-test con análisis de medidas repetidas utilizando como instrumento de recogida de información la Escala de Competencias Parentales Emocionales y Sociales, se encuentra que tras finalizar el programa los padres y madres incrementan sus competencias parentales en cinco dimensiones de estudio: 1) habilidades de regulación emocional; 2) autoestima y asertividad; 3) habilidades de comunicación; 4) estrategias de resolución de conflictos y de negociación y 5) estrategias para establecer límites, normas y consecuencias coherentes para promover disciplina positiva. Se finaliza con la

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discusión de resultados sobre programas basados en evidencias, así como con aportaciones y limitaciones del estudio, y con futuras líneas de investigación.

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Children's school failure, absenteeism, high school dropout, drug consumption or misbehavior, are social problems associated to children and youth, as described in socio-educative studies and reports (Janosz, Archambault, Morizot, & Pagani, 2008). Together with other factors, these problems are frequently related to poor parenting competences and to the key role that families play in their children's upbringing (Martínez et al., 2008; Symeou, Martínez, & Álvarez, 2012).

Research on parenting education pointed out that parents, in general, have doubts on the quality of their children's upbringing and they are uncertain about how to solve the parental problems they might encounter in their family life (Bodenmann, Cina, Ledermann, & Sanders, 2008; Martínez, Pérez, & Álvarez, 2007; Ponzetti, 2016; Rumberger, 2004; Symeou et al., 2012). A research on parenting strategies in Spain carried out by Martínez et al. (2007) shows that 43.6% of parents in a sample of 124 participants admit that it is difficult for them to understand their children's conduct, especially teenagers' behavior. This makes many parents feel guilty and inadequate as they suffer the pressure of social expectations to raise successful children (Oubrayrie-Roussel & Safont-Mottay, 2011; Smetana & Daddis, 2002).

International, state and regional legislation on child and family protection emphasizes the idea of supporting parents in raising their children effectively. This is the case of the Advisory Report to the European Commission on *Tackling and Preventing Child Poverty, Promoting Child Well-Being* delivered by the Social Protection Committee (2012). At European level, the Council of Europe Recommendation 2006/19 on *Policies to Promote Positive Parenting* and other European studies (Daly, 2007, 2011; The European Alliance for Families [EAF]) recognize that parenting, even if linked to family intimacy, should be also considered a public policy concern. From this perspective, all the necessary measures should be adopted for supporting parenting and creating the necessary conditions for positive parenting. On a state level, the Spanish Ministry of Health, Social Services and Equity has devoted its efforts to organize conferences on positive parenting, also to train professionals to deliver services and programs that can support parents and to publish practical materials on this regard (Martínez, 2009; Rodrigo, 2015; Rodrigo, Máiquez, & Martín, 2010; Rodrigo, Máiquez, Martín, Byrne, & Rodríguez, 2015). On a regional basis, the Social Services Law 1/2003 of the Principality of Asturias (north of Spain) includes the article 19 on *Policy Measures for Family Support* as a public social service.

In addition, the art.26 of this policy states that these measures are aimed at supporting families to establish a solid encouraging environment at home for positive internal coexistence and for preventing family conflicts which could lead children to social exclusion. This educational preventive perspective is in line with the Family Life Education approach (Arcus, Schvaneveldt, & Moss, 1993; Darling & Cassidy, 2014), aimed to all families who have children of any age, and in line with what the European Commission recommends (Council of Europe, 2006; Daly, 2007; Molinuevo, 2013; Williams, 2012).

Under these guidelines, the Government of the Principality of Asturias is currently supporting an educational and preventive social innovation process to promote positive parenting by providing families with the *Program-Guide to Develop Emotional, Educational and Parenting Competences* (Martínez, 2009). The main

objective of this study is to analyze to what extent parents can benefit from taking part in this parenting program.

Method

Participants

Information is analyzed from 259 parents participating in 26 editions of the Program-Guide, living in 26 urban and rural municipalities placed in central, east and west areas of Asturias. These participants were selected from a broader sample of parents who participated in the program after taking into account the parents' educational background as possible moderator variable of the results. Accordingly, three literacy levels were considered with similar percentage of parents in each of them: 37.8% ($n=98$) primary school, 34% ($n=88$) high school and 25.9% ($n=67$) higher education.

There was another 2.3% ($n=6$) of parents with other literacy background.

Most participants are women (84.9%), coming from Spain (94.2%); 2% come from other European countries, 2.4% from America and 1.6% from Africa. Their age range is: 6.6% ($n=17$) 24–29 years old; 20.9% ($n=54$) 30–35; 34.1% ($n=88$) 36–41 years old; 29.5% ($n=76$) 42–47; 5.8% ($n=15$) 48–53; 2.7% ($n=7$) 54–59 and 0.4% ($n=1$) 60–65 years old. Most participants do not have a paid job (63.3%, $n=164$), while 36.7% ($n=95$) have a paid job. Their marital status is: 68.7% ($n=178$) married; 10.8% ($n=28$) living together with a partner; 10.8% ($n=28$) divorced; 8.5% ($n=22$) single and 1.2% ($n=3$) widow/widower. Most of them live in a nuclear biparental family (74.2%, $n=190$); 12.1% ($n=31$) in a monoparental family; 6.3% ($n=16$) live in a stepfamily, 3.5% ($n=9$) live with their parents or other relatives and 3.9% ($n=10$) do not specify their family typology. The number of children in their family is: two for 44.5% ($n=114$), one for 37.9% ($n=97$) and three or more for 17.6% ($n=45$). The age of their children ranges from 1 to 18 years.

In these 26 editions, the Program-Guide was delivered to parents with children in different evolutive stages. In some municipalities it was delivered only to parents with small children (1–5 years old) (5.4% of the 26 total editions), in other areas only to parents with children aged 6–11 years (27% of the total editions), in some other areas it was aimed for parents of teenagers (12–18 years old) (10.9% of the 26 total editions) and in some others for parents with children of all mentioned ages (56.7% of the total editions). This last circumstance applies specially in rural villages, where the rate of birth is very low; hence, opting for inviting parents with children in different evolutive stages to work together in the same group. So far, the parents and professionals who delivered the program considered the composition of these mixed aged groups beneficial for all the participants. Most families in this study had children who had not yet developed clinical-level problem behavior. Only a few of them received specialized support from the local social services due to specific problems in their internal dynamics.

All parents in the sample volunteered to take part in the program and accepted filling in the questionnaires and other forms for evaluation purposes.

Design

A pre-experimental correlated pre-test and post-test design (Rosenthal & Rosnow, 1991) was carried out in a non-randomized

control trial developed in the natural social context where the professionals and the families usually interact, hence adding ecological validity to the experience. This paper focuses on the effects of the Program-Guide by checking the changes detected with short-term measures. Information gathered from a control group of parents both in the pre-test and the post-test was very little to compare data from two groups in a quasi-experimental design. Similar difficulties were reported by Lundahl, Nimer, and Parson (2006) when performing a meta-analysis on 23 parenting programs; they found out that only 8 of them included a control group. On this matter, Hutchings, Bywater, Eames, and Martin (2008) and Letarte, Normandeau, and Allard (2010) remark the different challenges faced when designing an efficacy controlled trial where it is easy to organize a control group, and an effectiveness one in a natural setting, where a control group is more difficult to organize.

Factors affecting the internal validity of the design such as participants' history, maturation and statistical regression toward the mean were controlled with the timing of performance within the program in eleven weeks and the adulthood developmental stage of the participants. Other factors such as instruments, selection of participants, mortality and pre-test effects were controlled by using similar processes and procedures on the part of the qualified professionals trained to deliver the Program-Guide. As for external validity or extent the treatment effect can be generalized across populations, settings, treatment variables, and measurement instruments, as previously mentioned, data was gathered from families living in 26 different municipalities located in central, west and east areas of the region of Asturias; moreover, at least 52 qualified professionals were involved in the experience. All together provides evidence of this external validity to some extent (Dimitrov & Rumrill, 2003).

Instrument

In this research, the *Program-Guide to Develop Emotional, Educational and Parenting Competences* was the main intervention instrument to promote parenting competences. The evaluation tools it includes were used to collect information to analyze its effectiveness. The *Program-Guide* is a resource for qualified professionals to enhance parenting competences of parents having children aged between 0 and 18 years. The *contents* of the program are classified into six parenting competence dimensions: (1) awareness of children's personal and behavioral characteristics according to their developmental stage and living circumstances; (2) emotional self-regulation abilities; (3) self-esteem and assertiveness; (4) communication strategies; (5) strategies to solve conflicts and to negotiate; and (6) strategies to establish coherent norms, limits and consequences to promote positive discipline. These dimensions relate to key parenting competences which allow parents to behave effectively in diverse areas when upbringing their children, according to the latter's age and developmental stage: supporting children's involvement in academic tasks, building up housework corresponsability, healthy diet, leisure time and living habits, drugs consumption prevention, school failure and drop-out prevention, among others.

These competences are trained in eleven *sessions* according to the guidelines and resources included in the program. The first and the last sessions are devoted, respectively, to assess parenting competences before (pre-test) and after (post-test) the contents of the program are delivered to parents. It is suggested that each program session will be delivered weekly with a length of two hours. A coffee-break can be introduced between hours or after concluding the session, for parents to talk informally about their own businesses.

Although the program can be applied to parents individually, the group methodology is suggested for parents to be active, participative and ready to share their doubts and parenting experiences. Working in small groups and discussions allow parents to support each other through cooperative learning among equals to find their own answers to their own parenting needs. Cooperative learning among parents shows better results when the groups are mixed and heterogeneous in terms of parents' educational backgrounds, parenting experiences and family circumstances (Stein & Hurd, 2000). These groups bring parents different strengths and approaches to solve doubts and family problems. Slavin et al. (1985), Slavin (2010) and Johnson and Johnson (1990) state that cooperative structures provide a higher quality of reasoning, more intrinsic motivation, more interpersonal attraction, more self-confidence and better solutions to doubts and problems in a shorter amount of time because the learners tend to acquire more information from one another, and therefore, facilitating to develop cognitive, emotional and social competences.

On this learning approach, participants are less prejudicial and have more open attitudes toward each other because all of them want to reach the same objective of contributing to the best of their children. Parents can be demanding learners; they usually know what they should be getting in terms of the knowledge and the skills they need or in which they have an interest of regarding their children. It is only when they realize there are measurable benefits for the effort of participating in a program that they may find the decision to take part in it. Consequently, it is suggested that qualified professionals run the Program-Guide. Two professionals are recommended; one of them would act as facilitator and the other one as participatory observer to collect data for ongoing evaluation (Kawulich, 2005). This second professional will join the group of parents as a participating member to get a first-hand perspective of the group and a much more in-depth understanding of their learning progress, doubts and difficulties.

These two professionals should be the same ones for the whole eleven sessions so that participants can identify them as part of the group; both can exchange their roles as facilitator and observer in different sessions.

It is suggested that no more than 16 parents participate at a time in the program in order to guarantee their active involvement, sharing and learning; then small groups of four parents can be built. Together with their parents, children can also take part in the sessions as participants, as well as teachers or other related participants.

Grandparents and other relatives are welcome when the parents cannot participate themselves. Couples are invited to participate together; nevertheless, it is difficult to reach both partners at the same time due to work schedules, parenting tasks, small children, or other related reasons.

It is advised to perform the program with parents who have children in the same evolutive developmental stage: infant education (0–3/3–5 years old), primary education (6–11 years old) and teenagers (12–18 years old). This would bring them the opportunity to share common experiences, doubts and worries about upbringing their children in that particular age. However, the program can also be delivered with parents who have children of different ages by organizing small groups with those who have children in the same evolutive stage. Each group can then learn from the appropriate resources included in the Program-Guide for each stage. The professionals shall be trained to facilitate these processes. The Program-Guide includes detailed guidelines for the facilitators to do so, as well as worksheets, pictures and family cases to be simulated and discussed through role-playing, together with other additional resources.

Procedure

The Childhood and Adolescence Observatory of the Principality of Asturias (north of Spain), belonging to the Asturias Government, together with the author of the Program-Guide, are coordinating this social initiative in this region to promote positive parenting (Martínez, Pérez, Álvarez, Rodríguez, & Becedóniz, 2015). In line with the Council of Europe guidelines, this social innovation has the following objectives to guarantee effective results: (1) to be *permanent* in time and institutionally supported, thus being integrated in the everyday tasks of those professionals working with families; (2) to be *intersectorial and community based* through coordinating efforts and resources from social services, health and educational systems, local police, business enterprises, NGOs, and any other entities or associations working with children, youth and families in the surrounding community; (3) to be *preventive, proactive and competence-education oriented* to empower parents both as human beings and as effective parents able to prevent family problems, and to face them constructively avoiding any kind of violence and mistreatment at home; and (4) to be *inclusive, integrative and normalized*, focusing on families with children of any age, no matter their diverse social circumstances and ethnic background, including biparental, monoparental, adoptive, foster and step families, adolescent parents, families with members with special needs, families affected by violence and maltreatment, drugs consumption, children dropping-out from the school system, or any other kind of personal and family diversity.

With these characteristics, this initiative is being developed in 42 municipalities of the region of Asturias. Professionals from the social services, the education and the health systems and other related institutions are trained every year to deliver the Program-Guide with families. The author of the program coordinates the training with the support of the Observatory on Childhood and Adolescence of the Principality of Asturias, the Asturian Institute of Public Administration, and the Quality Assurance Service of the Asturian Department of Social Services. Once the professionals get the qualification certificate, they organize in their respective municipality the necessary institutional processes to recruit the families, to deliver the sessions of the Program-Guide, to collect the evidence-data for evaluation and to follow-up the families after the conclusion of the program. While doing so, the professionals are supported by the team of the IEFES research group of the University of Oviedo (Spain), lead by the author of the Program-Guide (IEFES-Educational Intervention in the Family, School and Social Fields). Ongoing feedback is maintained by the research group team with the professionals who need it before, during and after the program is delivered with the families. The professionals report on their own experience on organizing and conducting the program by filling in the Follow-up Form for Professionals designed by the author of the Program-Guide.

This information is taken into account for evaluation purposes. The qualitative and quantitative data collected both from the professionals and from the participants are analyzed by the research team, who report back the results to the professionals so that they can check the effectiveness of their own work in reaching out the expected parenting competences.

A Forum on Positive Parenting was established in Asturias by the Observatory of Childhood and Adolescence as a means to encourage interaction among professionals. At least two meetings a year are organized by the coordinator of the Observatory together with the author of the Program-Guide. In these meetings the professionals discuss their respective experiences, doubts, results and suggestions to improve the institutional and methodological processes involved in this social innovation initiative. By doing so, this forum acts also as an effective means for ongoing evaluation.

Measures and data analysis

To collect information for this study, the Emotional and Social Parenting Competence Scale included in the Program-Guide (Martínez, 2009; Martínez, Iglesias, Rodríguez, & Álvarez, 2015) was applied in the first and the last sessions as pre-test and post-test. The Scale consists of 43 items Likert scale type of four alternatives (1 – *total disagreement*, 4 – *total agreement*). These 43 items are classified into the already mentioned six dimensions of parenting competences in which the contents and strategies of the program are organized, namely: (1) awareness of children's personal and behavioral characteristics according to their developmental stage and living circumstances (1 item: "It is difficult for me to understand my child(ren)'s behaviour"); (2) emotional self-regulation abilities (7 items of the type: "I am able to relax and control my own emotions"); (3) self-esteem and assertiveness (12 items of the type: "I have a good opinion on myself about how I am educating my child(ren)"); (4) communication strategies (7 items of the type: "I can talk to my child(ren) without offending them"); (5) strategies to solve conflicts and to negotiate (11 items of the type: "I am able to reach agreements with my child(ren) to solve problems"); and (6) strategies to fix coherent norms, limits and consequences to promote positive discipline (5 items of the type: "I am able to control and establish limits to my child(ren)'s behaviour"). Other items collecting socio-demographic information on family typology, number and age of the children in the family, parents' educational background, work circumstances and other related issues are also included in the scale.

For the purpose of this paper a selection of 17 out of the 43 Likert scale items of the total scale were considered, distributed into five out of the six dimensions described: 4 items on parents' emotional self-regulation abilities; 3 items on parents' self-esteem and assertiveness; 4 items on communication strategies; 3 items on strategies to solve conflicts and to negotiate; and 3 items on strategies to fix coherent norms, limits and consequences to promote positive discipline. These items were chosen because of their adequacy to normal distribution in the pre-test and in the post-test, thus allowing to perform repeated measures analysis (Frías, Llobell, & García, 2000).

Data gathered was processed through the SPSS statistical program. Skewness and kurtosis [$-1; +1$] were calculated to check normality (DeCarlo, 1997). The Cronbach Alpha was calculated with both the 43 items of the complete scale and with these 17 items for the pre-test and for the post-test. Repeated measures analysis for matched groups were performed with the scores from the pre-test and the post-test in each dimension of the parenting competences already mentioned (Dunlop, Cortina, Vaslow, & Burke, 1996); therefore, significant statistical differences were checked in the extent parents gained the parenting competences under study. The effect size was calculated through partial eta squared (PES) and Cohen's *d*. The extent of the clinical relevance of the results was classified as follows: very small when $PES < .01$, small when $.01 < PES < .09$, medium-moderate when $.09 < PES < .25$ and large when $PES > .25$. As for the Cohen's *d*, the values are (Cohen, 1988): small: $0 < d < .20$, medium-moderate: $.20 < d < .50$ and large: $d > .50$.

Results

The Cronbach Alpha of the total scale of 43 items once applied to the 259 participants was .727 for the pre-test and .814 for the post-test. According to Dimitrov and Rumrill (2003), the increased reliability value in the post-test can be understood as an expected condition to perform valid pre-test and post-test designs. These values are similar to the ones obtained in a former evaluation of the

Table 1

Significant statistical differences between the pre-test and the post-test in the parents' parenting competences and effect size.

Dimensions of parenting competences	Pre-test M (SD)	Post-test M (SD)	F	p	Partial Eta Squared/d Cohen
Emotional self-regulation abilities (4 items)	2.43 (.45)	2.74 (.38)	77.395	.000	.25 .74
Self-esteem and assertiveness (3 items)	2.62 (.50)	2.73 (.38)	8.598	.004	.03 .024
Communication strategies (4 items)	2.55 (.50)	2.62 (.42)	4.167	.000	.01 .15
Conflict resolution strategies (3 items)	2.52 (.52)	2.80 (.45)	47.048	.000	.16 .57
Coherent limits, norms and consequences strategies (3 items)	2.70 (.60)	3.18 (.50)	139.076	.000	.36 .86

Program-Guide performed with 141 parents: Cronbach Alpha for the pre-test .833 and .842 for the post-test (Martínez et al., 2013). The value of Cronbach's Alpha for the 17 items selected to report in this study was .672 for the pre-test and for the post-test .679, thus been acceptable (George & Mallery, 2003).

The results obtained with repeated measures analysis for matched groups showed significant statistical differences between the pre-test and the post-test in the 17 items analyzed on the five dimensions considered ($p < .05$). The effect size ranged from small to large (partial eta squared from .01 to .36; Cohen's d from .15 to .86) (Table 1).

These results provided the expected evidence of the effectiveness of the program (Pawson, 2006; Ponzetti, 2016; Soydan & Palinkas, 2014).

Discussion and conclusion

Results obtained from a sample of 259 parents participating in the Program-Guide with children aged from 1 to 18 years, show that after concluding the sessions, participants perceived themselves more competent as parents in all five dimensions analyzed.

They significantly gained *emotional self-regulation abilities*; thus decreasing the frequency with which they tend to shout at their children and to tell them things they really do not want to say. Scores on indicators of this dimension showed a large effect size. This finding is in accordance with other findings of decreased over-reactivity and laxness as an effect of parent training (Sanders, Markie-Dadds, Tully, & Bor, 2000).

This applies to the positive effects of Triple P intervention in women regarding parenting behavior; Bodenmann et al. (2008) reported less overreactive parenting, as well as more satisfaction with one's own parenting, and the perception of fewer burdens with regard to parenting and therefore, connecting these results with self-esteem and assertiveness.

In the present study results show that parent's *self-esteem and assertiveness increased significantly* after taking part in the program. They developed a more positive perspective on their own life and tended to look more at the positive side when things do not happen as expected regarding their children. This attitude helps them to control guilty feelings when their children have behavioral problems or when the latter fail subjects at school, and to feel more assertive when performing their parenting role. The effect size was low to medium. Leijten, Overbeek, and Janssens (2012) come to similar results when analysing the effect of the parent training program Parents and Children Talking Together (PCTT) for parents with children in the preadolescent period and who experienced parenting difficulties. Their results show that parents increased their display of positive affect and were less dominant toward their children. Censullo (1994) also reported moderate improvement in maternal self-esteem post-intervention in a pilot study conducted to promote greater responsiveness in adolescent parent/infant

relationships. Moreover, two meta-analysis on parenting programs carried out by Lundahl et al. (2006) and MacLeod and Nelson (2000) also showed that these programs have a positive effect on parents' emotional adjustment, attitudes toward children and childrearing behaviors; the programs also proved positive in relation to abuse or neglect among families referred for abuse and/or neglect or at high risk of abuse or neglect.

Parenting communication competences also increased significantly in this study after completing the program. These results were also obtained by Leijten et al. (2012) after analysing the effectiveness of a parent training program in (pre)adolescence through a randomized controlled trial. In the present study parents indicated they know better than before how to say things to other people and to their children without offending them. The frequency of their quarrels, fights and reprimands to their children decreased significantly. The parents also indicated a better control of their tendency to call their children clumsy and disobedient whenever the children misbehave, so as to make them correct themselves. Scores on this dimension showed a small effect size.

Regarding *conflict resolution strategies*, parents reported that after participating in the program they were doing significantly better on how to reach agreements both with other people and with their children to solve problems. Results also indicated that parents tend to impose significantly less than before in front of their children when the latter disobey. The effect size on this dimension was moderate-large. Letarte et al. (2010) reported similar results after evaluating the effectiveness of the parent training program "Incredible Years" in a child protection service. They found out that parents used less harsh discipline, more praise and incentives, more appropriate discipline and more positive verbal discipline.

In the present study results also indicated that parents significantly gained *competences to establish coherent norms, limits and consequences* to their children's behavior; hence, helping their children to learn tolerance and self-control toward frustration. Parents admit they apply consequences to their children's misbehavior in a more effective way than before, letting them know which consequences could follow to misbehavior or lack of responsibility and trying to make agreements with them on the matter. Democratic authority is then built into the family. The effect size was large.

They also tend to do less tasks for their children, thus being consistent with their own family rules. By doing so, their children learn to respect the family norms and their parents' words. These results are in line with those of Bodenmann et al. (2008), who remark that the Triple P group program is effective to reduce dysfunctional child behavior. In the present study the effect of the program on children's behavior was not analyzed; however, the results are promising given that according to Gershater-Molko, Lutzker, and Sherman (2002) and Herbert (2000), improving parenting practices, parent-child conflict relationships might decrease as well as abuse or neglect practices.

In conclusion, the contextual, methodological and institutional processes described in this paper to promote positive parenting

through the Program-Guide led parents with children from 1 to 18 years old who participated in one of several editions of the program to significantly improve their parenting competences and practices.

Evidence was gathered of the effectiveness of the program when delivered by trained professionals from social services and education with groups of parents with children of diverse developmental stages. Thus, sharing similar conclusions with [Coren, Barlow, and Stewart-Brown \(2003\)](#), who after revising 14 studies on parenting programs for teenage parents, claimed that these programs were effective in improving a range of outcomes for both teenage parents and their infants, such as maternal sensitivity, identity, self-confidence and the infants' responsiveness to their parents.

As [Dretzke et al. \(2005\)](#) and [McCart, Priester, Davies, and Azen \(2006\)](#) pointed out after conducting several meta-analyses, parent training is one of the most promising types of interventions aimed at promoting children's psychosocial development and at reducing child problem behavior. These authors also claimed that this intervention is generally cost-effective in doing so. Therefore, prevention efforts through delivering parenting programs should focus on strengthening both the parenting and partners relationships in order to promote healthy family functioning and child well-being.

Strengths of the study, limitations and suggestions for further research

One strength of this study is that it is multi-setting, as the program was delivered in 26 municipalities. The program obtained promising results when delivered in natural contexts. This study is the only one conducted in the whole region of Asturias (Spain) to test the effectiveness of a parent training program focused on emotional competences and delivered by trained professionals from social services and education in their own real professional contexts. The pre-test and post-test design to check the program effectiveness is new in the social service context in Asturias, as well as the processes implemented to gain the intervention effects.

Together with these strengths, however, there is also the limitation on identifying the impact of the program under controlled conditions with control groups.

The study is multi-informant considering that the data was gathered from 259 parents and 52 in-service professionals who worked with those parents in their respective municipalities. The participating parents have diverse socio-demographic characteristics and educational backgrounds; in this study the categories of the parents' literacy level were balanced in the sample to introduce this as a moderator variable.

Families at-risk and not-at-risk participated in the program sharing the same group, thus promoting inclusion and normalization on family relations. Connected with this strength is, however, the constraint that it is not possible to directly generalize the findings of this study to the population at large; nevertheless, as an additional strength, it can be noted that the size of the participating parents in this study is quite large compared with other studies on parenting training ([Bodenmann et al., 2008](#); [Leijten et al., 2012](#); [Letarte et al., 2010](#)). The study is also multi-method design combining quantitative and qualitative procedures to gather and to analyze information. However, qualitative results were not included in this paper due to space restrictions.

An additional strength is the integrated focus of the Program-Guide intervention on parents' personal and emotional empowerment for them to feel able to better understand themselves, their own emotions and reactions, as well as those of their children. These competences helped parents to communicate assertively with their children, to solve problems in a constructive way and to discipline them positively. The clear structure, methodology, guidelines and resources of the program also contributed to this end. Most families who took part in the program had children who had

not yet developed clinical-level problem behavior, thus introducing a family preventive approach in the social services of Asturias and in the daily work of its professionals.

Finally, other strength is the intersectoral coordination among the Observatory on Childhood and Adolescence, the author of the Program-Guide, the university research team and the local professionals to maintain the integrity and effectiveness of the program to support parents for positive parenting. Institutional support from the municipalities' town hall and other related entities in the community also contributed to the success of the experience.

Regarding limitations and suggestions for further research, the present study focused on analysing only short-term effects of the program; thus, taking into account larger-term effects will add more value to the experience. Also, it would be worth running future studies devoted to check the effect of the parenting program on children's behavior in different settings such as home, school or any other related contexts. On the other hand, the study did not examine for whom the Program-Guide works best in terms of family diversity characteristics, as for example, children's age, family typology, families with various educational, professional or ethnic backgrounds or different types of child problem behavior. Only the parents' educational level was controlled to some extent as a possible moderator variable. Thus, further analysis can be done on the matter. Moreover, future studies with control groups should be addressed in order to better control the effects of the program on the parents' parenting competences.

Although difficult, it would be interesting to check the extent to which the collaboration among researchers, professionals and local institutions contributed to the positive results of this experience. This would help to build more consciousness of the need to include program evaluation designs when delivering parenting programs; thus, providing further evidence of results.

Conflict of interest

The authors have no conflict of interest to declare.

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