
**THE RATIONAL PARENTING COACH APP:
RETHINK PARENTING!
A MOBILE PARENTING PROGRAM FOR OFFERING
EVIDENCE-BASED PERSONALIZED SUPPORT
IN THE PREVENTION OF CHILD EXTERNALIZING
AND INTERNALIZING DISORDERS**

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Abstract

This paper aims at presenting a newly developed mobile application for parenting education, *the Rational Parenting Coach app*, that is based on an evidence-based program and is targeting to promote positive parenting and child mental health. The Rational Parenting Coach app integrates an already tested positive parenting program, the Rational Positive Parenting Program, which capitalizes on the rational parenting approach and the transdiagnostic ABC model of the Rational Emotive and Cognitive-Behavioral Therapy. The main innovative components of the app are described in this article, among which the personalized intervention, ecological assessment and intervention, interactive format, video modelling, gaming and attention bias modification. Conclusions are reflecting the opportunities that the new app is bringing for improving access to evidence-based parenting strategies, investigating personalized parenting interventions, and investigating mechanisms of change in parenting programs.

Keywords: mobile parenting program, personalized program, rational parenting, positive parenting

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It is well documented that poor parenting practices are related to child psychopathology (e.g., Burke et al., 2002; McKee et al., 2008), while positive parenting practices can function as protective factors (Eisenberg et al., 2005). More specifically, parents who engage in more negative parenting practices, such as the use of harsh and inconsistent discipline, often report higher externalizing and internalizing psychopathology in both children and adolescents. Moreover, parents of children presenting disruptive behaviors or other special needs are experiencing a higher level of distress compared with other parents (Gupta, 2007). Thus, children's psychopathology has been linked (e.g., McLeod, Weisz, & Wood, 2007; Weaver et al., 2008) with different aspects of parenting, such as dysfunctional parenting practices, parental distress, and parental cognitive distortions. In turn, positive parenting strategies are used when parents are involved with their children (e.g., playing games) and are involving them in activities of daily living (e.g., showing interest in their homework). Thus, children of parents using positive parenting strategies can be able to be in good relationships with adults, siblings and friends, show better executive functions, educational attainment, and are displaying more prosocial and less aggressive behaviors than other children (Burke, Loeber & Birmaher, 2004).

Parenting is now conceptualized within a bidirectional model (Patterson & Fisher, 2002). Indeed, research has shown that parenting influences on children depend on their individual characteristics, such as child's temperament (Belsky et al., 2007). In the same vein, studies (Cassidy et al., 2011) have documented that the effects of the parenting programs are better for children presenting difficult temperament (e.g., high irritability), which is considered to make them more susceptible to benefit from parenting improvements. Given the research documenting the role that parenting plays in child mental health, it becomes essential to make available evidence-based parenting programs for fostering positive parenting and adapting them to the needs of both parents and children.

Positive parenting programs based on cognitive-behavioral therapy (CBT) have been largely implemented for promoting child mental health and are currently considered treatment of choice for child conduct disorders (NICE, 2006; 2013). Studies are documenting that they bring comparable effects for both child externalizing and internalizing disorders (Cartwright-Hatton et al., 2005). Despite the fact that effective parenting programs do exist (Kaminsky et al., 2008), most parents are not able to access them or to stay engaged. The low accessibility of these psychological services is especially unfortunate because on an intuitive level, preventing psychopathology among youth is one of the soundest strategies to decrease the economic costs of mental health burden in society. Technological development in recent years created the premises to overcome some of the barriers to conventional psychotherapeutic services, by facilitating the transportability of evidence-based intervention protocols to the community. Importantly, computer-

based/internet-based cognitive-behavioral therapy (c/iCBT) has been shown to have comparable results with face to face CBT, both in adult and youth samples (Newman, Szcondny, Llera, & Przeworski, 2011; Przeworski & Newman, 2006).

Building on c/iCBT protocols, online versions of the parenting programs have started to be implemented and they are bringing improvements in both child and parent mental health, which are comparable to the face to face administered parenting programs (see Nieuwboer, Fukkink, & Hermanns, 2013). However, there is only a small amount of studies published to date, among which (1) only a few are addressing mental health problems in children (e.g., behavioral problems), the other targeting pregnant mothers or parents with children with disabilities/medical problems; (2) many provide email contact and peer support only; and (3) most are based on traditional parenting programs curricula adapted for online format, without being previously tested in a rigorous manner. Moreover, although some of the studies on parenting programs published to date have documented theory of change (e.g., Gardner et al., 2010) and documented components associated with change (Kaminsky et al., 2008), none of the studies investigating online delivered parenting programs are testing their mechanisms of change or components associated with outcomes. Another difficulty resides from the lack of studies investigating multiple parenting components and the long term maintenance of the gains after accessing such online parenting programs.

C/i CBT has overcome many limitations of the traditional face to face therapy but it faces itself many limitations and obstacles, like accessing a computer. Indeed, limited access to evidence-based parenting programs is an important obstacle together with difficulties for parents in taking part or continuing participation (between 30 and 50% of the parents give up; Fonagy & Kurtz, 2002; Kazdin, 2005) in these interventions (i.e., due to the lack of support or employment of the mothers). Thus, the mobile mental health field, referring to the use of mobile devices (most commonly mobile phones; Harrison et al., 2011) in mental health care delivery, is currently considered ideal due to the promises to overcome even some of the limitations of the c/i CBT. Based on the IDG Global Mobile Survey report in 2014, it seems that for the first time in history mobile exceeds computer based internet usage. Walker, Im, & Vaughan (2012) investigated the usage and interest of American mothers in using technology and found that 97.1% were using their mobile phone daily and 44.8% of the mothers were interested in an Internet-based parenting advice, with 79.2% of the sample rating their skills in connecting to the Internet as high. Smartphone technology is currently supporting internet functionalities similar to the computers, while offering resources access (momentary monitoring, homework; David & David, 2019) due to localizing systems and better access to support from (almost) anywhere in real time, when needed.

While the number of the mental health mobile applications is increasing rapidly, many of them are not using sound theoretical approaches and only a small

minority has been tested even in preliminary trials for their efficacy/ effectiveness. Harrison et al. (2011) has identified at that time six studies documenting the preliminary effectiveness of the mental health applications based on cognitive-behavioral therapy and positive psychology. The review of Luxton et al. (2011) is providing an overview of the mobile technology use in behavioral health care and presenting an expanded list of applications for improving lifestyle or mental health. Currently there are few applications developed for parenting skills training, but some target specific skills (i.e., the iRewardChartLite for using token economy) or the curriculums used are either not mentioned or previously tested. Moreover, taking a look on the mobile stores, a large amount of applications can be found for pregnant women, infant care, and providing pediatric information for mothers. Thus, given the state of the field and the potential of the mobile technology, there is a lack of efforts to integrate evidence-based parenting education programs into mobile applications that could bring important progresses for the field.

Aims

This paper aims at presenting a newly developed mobile application for parenting education, **the Rational Parenting Coach app**, which is based on an evidence-based program and is targeting to promote positive parenting and child mental health.

The Rational Parenting Coach app

The Rational Parenting Coach mobile application contains the following components:

- ✓ an assessment component for initial screening, personalization of intervention and monitoring;
- ✓ a feedback, remote coaching and automatic prompts component;
- ✓ a resources module, with a forum for parenting support and accessing mental health help;
- ✓ a psycho-educational component – written and video information about positive parenting, including video modeling components;
- ✓ an exercises component – in which interactive exercises, simulations and gamified components;
- ✓ a homework and guidance component for implementation.

The parenting app capitalized on a number of innovative components which are detailed below and are represented in the Figure 1.

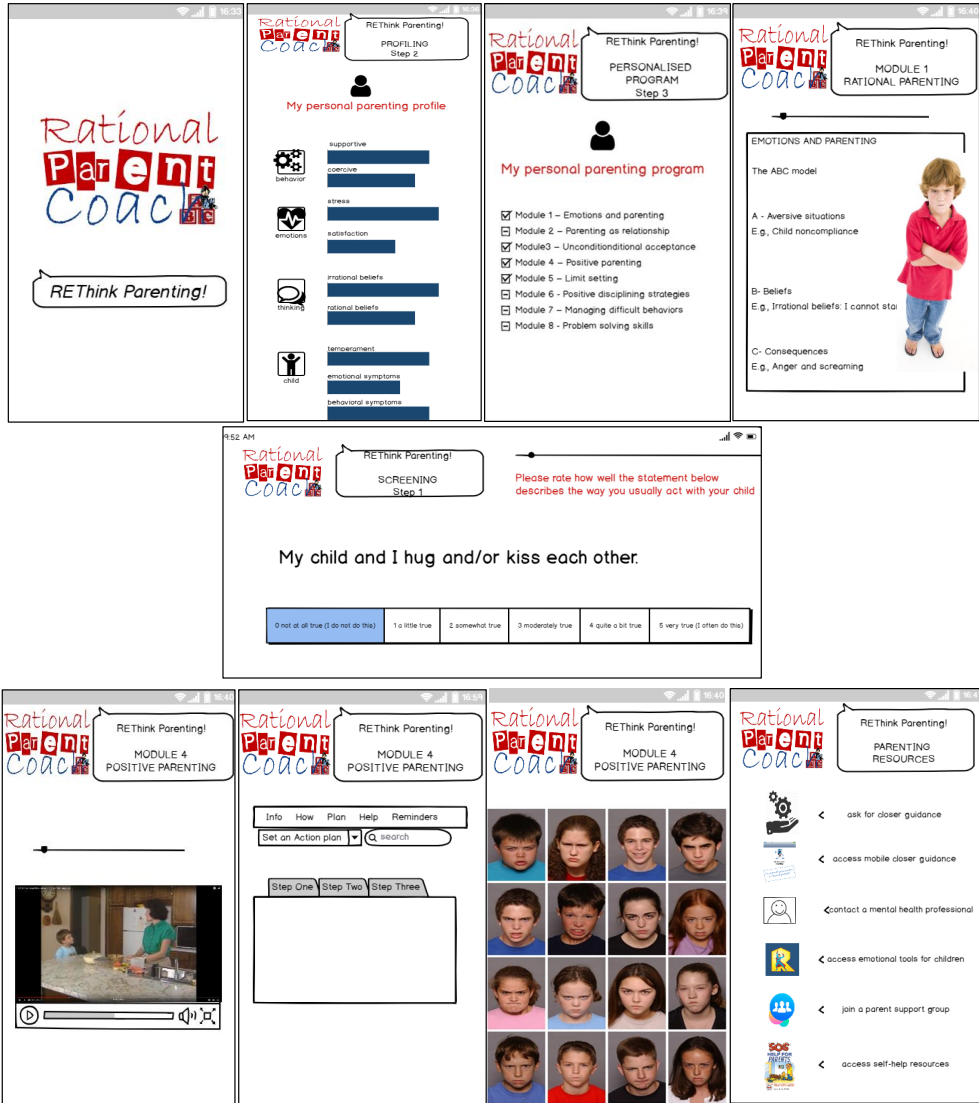


Figure 1. Examples of screens from the Rational Parenting Coach app.

The evidence-based parenting strategies

Rational Parenting Coach app integrates an already tested positive parenting program, the Rational Positive Parenting Program. The Rational Positive Parenting Program (rPPP) was primarily developed for reducing child externalizing problems, and optimally incorporates recent advancements in clinical cognitive sciences in order to address parent-child shared vulnerabilities for emotion-regulation difficulties (i.e., irrational beliefs; David & DiGiuseppe, 2015; David, DiGiuseppe, & David, 2013). The program was tested in reducing both externalizing and internalizing symptoms (David, 2014; David, David, & Dobrea, 2014; David & Călin, 2013; David et al., 2012; Gavita et al., 2012) and was found to have more long lasting and generalized outcomes compared to a standard parent program. Recently, the rPPP was adapted for being used online (<http://rationalpositiveparentingprogram.wordpress.com/>) and integrates innovative online components such as attention bias modification for parents. The online rPPP was found to be effective improving positive parenting in a recent study (David, Capris, & Jarda, 2017). Thus, the **Rational Parenting Coach app** nicely extends the modules of rPPP for mobile usage.

The rational parenting approach

The Rational Emotive Behavioral Therapy (REBT) framework (see Gavita, DiGiuseppe, & David, 2010) considers parents' rational beliefs (RBs) and irrational beliefs (IBs) as relevant mechanisms for parenting and child psychopathology. Ellis, Wolfe, and Moseley (1966) first described in "How to Raise an Emotionally Healthy, Happy Child" how parental IBs are influencing their children's view of the world. Hauck (1967, 1983) identified several irrational beliefs of parents that lead to different maladaptive parenting styles. The "unkind and firm" and the "kind and not firm" parenting styles that are dysfunctional are based on a low level of parental self and child unconditional acceptance. The "kind and firm" parenting style corresponds to rational parenting and is considered an adaptive and effective approach to parenting. This style is based on both self and child unconditional acceptance, and is the main focus of the rPPP and the **Rational Parenting Coach app**.

The screening component

In the light of the support for differential susceptibility of children to environment and parental practices, it becomes important to adapt parenting programs in order to better respond to the challenges that parents face and document how they can work best. Variables considered in the screening are both parenting variables and child variables (temperament and mental health). Parenting variables are measured using self-report tools and ecological assessment: behavioral

(e.g., parenting practices, positivity ratio), affective (e.g., stress, positive emotionality), and cognitive (e.g., rational and irrational cognitions; attention biases).

The personalized intervention approach

The app is offering a personalized approach to parenting interventions starting from the precision medicine models. Thus, the app is taking into account individual differences in parent's vulnerabilities, skills and environments. Considering the level of difficulties and resources of the parent, derived from the screening module, the app offers a personalized parenting program for each user.

Ecological momentary assessment and intervention strategies

The mobile application has been developed based on the most recent advancements in the online and mobile therapy field, concerning formats (e.g., guided format, personalized feedback, support groups; see Andrews, Cuijpers, Craske, McEvoy, & Titov, 2010; Barak et al., 2008), and components investigated to date. As such, it is designed for offering automated prompts, recording experiences and monitoring progress, offering guidance and remote coaching, interactive homework session or modeling video vignettes (see Nieuwboer, Fukkink, & Hermanns, 2013).

Transdiagnostic formulation based on the ABC model

A unified or transdiagnostic approach, referring to common treatment principles across mental disorders (see Barlow et al., 2004), is used in the app. The emphasis is thus on the functional links between components of the transdiagnostic formulation (e.g., thoughts, behaviors, physiology, and emotions), which are then personalized in the parenting intervention. According to the ABC model of REBT (Ellis, 1994), parents' behavioral and emotional reactions (C: e.g., screaming and anger) in relation to activating events (A; e.g., child noncompliance), are determined largely by their Beliefs about the activating event (Bs; e.g., IBs). Parent IBs refer to absolutistic, rigid and unrealistic demands of themselves as parents, of others, such as their children, or of life.

Attention bias modification procedures and gaming for parenting skills

The mobile format of the app allowed integrating components based on various innovative mainstream paradigms such as serious gaming (David, Cardos, & Matu, 2019) and the attention bias modification (ABM) paradigm (Dandeneau & Baldwin, 2009). ABM is a c/iCBT strategy found to have clinical impact in both youth and adults (Bar-Haim et al., 2012; Hakamata et al., 2010; Waters et al., 2013). While attention retraining towards neutral stimuli produced mixed results,

the training towards a preferential attention focus on positive stimuli has showed the best results for reported stress responses (Dandeneau et al., 2007). It was suggested (Hakamata et al., 2010) that the ABMT is a promising therapeutic strategy and its effects should be tested in augmenting available evidence-based protocols, like a preventive program using positive parenting coaching. Initial data has suggested that there is great potential for this domain (Hadwin & Field, 2010) based on how the negative cognitive biases in parents affect parenting skills. The ABM procedures were extended in a gaming format and tested by our team for the first time (David & Podina, 2014; David, Capris, & Jarda, 2017) in promoting positive parenting and thus opening new research directions.

Video vignettes

Modelling positive parenting skills is an essential component of the rPPP and of the most well validated positive parenting programs. The **Rational Parenting Coach app** integrates the SOS Help for Parents video vignettes, which were also used in the online rPPP curricula. The video vignettes are used to illustrate effective ecological implementation of positive parenting practices, such as rewarding good behavior, ignoring, time-out or offering effective commands.

Interactive activities and action planning

The **Rational Parenting Coach app** uses an interactive format and each of the psychoeducational components of the modules is followed by an interactive section, where parents are required to answer questions and solve problems that are relevant to the content of the modules. Moreover, each module has an action planning section that aims to translate the content of the module into a concrete plan for change developed by the parent.

Guided format

Each of the modules of the **Rational Parenting Coach app** has a specific structure: Info - the psychoeducational component, How - examples of use/video vignettes, interactive applications, Plan - the action planning of change and monitoring component, Help- the resources component, and Reminders – setting specific connections with parents' calendar.

Connecting to resources

Parents can connect based on the **Rational Parenting Coach app** with resources from their community, such as accessing mental health support or receiving closer guidance to implement the parenting changes from a professional or another app that has an ecological intervention approach. Moreover, they can access self-help resources and join parent support groups.

Conclusions

The newly developed mobile **Rational Parenting Coach** app promises to provide access to an already tested positive parenting program, the Rational Positive Parenting Program (David, 2014; David, David, & Dobrean, 2014; David & Călin, 2013; David et al., 2012). The mobile application has been developed based on the most recent advancements in the online and mobile therapy field, concerning formats and components investigated to date. The app will offer easy access help for parents in need based on attractive and evidence-based contents. Given the low access to clinical interventions at an international scale (Ehreinreigh, Goldstein, Wright, & Barlow, 2009; Farrell & Barrett, 2007), and an even worse situation in developing countries, the app will allow mobile access to evidence-based positive parenting education.

While the efficacy of the cognitive-behavioral parenting programs is well established and there are a few meta-analyses (Lundahl et al., 2006; Kaminsky et al., 2008) showing they yield medium effect sizes for child and parent variables, we do not yet fully understand how they work (general and specific mechanisms, optimal components), which limits the efforts to improve their effects. The innovative paradigms and adaptive content of the **Rational Parenting Coach app** will allow conducting rigorous research and progress of knowledge in the field. The assessment of potential mechanism variables, found relevant in face to face parenting programs (e.g., parenting, parental distress; David, 2014) will allow theory of change investigation in mobile delivered parenting programs.

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