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Original Article

The Impact of Compassion-Focused Training on Parental Self-Efficacy in Mothers of Children with Externalizing Behaviors

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Abstract

Background: Mothers of children with externalizing behaviors often experience low self-efficacy. The present study investigated the effectiveness of compassion-focused training (CFT) on parental self-efficacy components in mothers of children with externalizing problems.

Methods: This study employed a semi-experimental pretest-posttest control group design. The target population comprised mothers of children exhibiting externalizing behaviors residing in Isfahan, Iran. A convenience sampling technique yielded a sample of 30 mothers who were subsequently randomized into an experimental group (n=15) and a control group (n=15). The experimental group received an eight-week CFT intervention delivered in weekly 90-minute sessions. The control group remained on a waitlist during the intervention period. The Berkeley Parenting Self-Efficacy Scale (BPSE-R) served as the primary outcome measure. Data were analyzed using analysis of covariance (ANCOVA) within SPSS version 23.

Results: Parental self-efficacy scores in the CFT group increased significantly from pre-test (51.87±6.17) to post-test (66.39±7.96), while the control group showed no significant change (pre-test: 51.90±5.26; post-test: 54.23±4.08). In the post-test, the CFT group showed significantly higher self-efficacy compared with the control group (P=0.001). Moreover, the CFT significantly increased maternal self-efficacy in the subscales of responsibility acceptance, self-management, child acceptance, and positive child evaluation compared with the control group (P<0.05).

Conclusion: The CFT intervention demonstrated significant effectiveness in enhancing various aspects of parental self-efficacy among mothers of children with externalizing problems. These findings suggested that CFT may be a valuable intervention for empowering mothers to manage the challenges associated with raising children exhibiting externalizing behaviors.

Keywords: Self-compassion, Self-efficacy, Behavior, Mothers

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1. Introduction

Childhood behavioral problems are a significant concern, foreshadowing negative developmental trajectories. These issues often persist into adolescence and adulthood, manifesting as delinquency, substance abuse, academic difficulties, poor social adjustment, and peer rejection (1). The dimensional model of childhood psychopathology categorizes disorders into two broad classes: internalizing and externalizing problems, each characterized by distinct features (2). Externalizing problems include oppositionality, hostility, impulsivity, hyperactivity, and antisocial behaviors such as aggression and harm (3), as well as internalizing problems such as anxiety and depression. 44% of children with disruptive behavior disorders and 54% of children with attention deficit hyperactivity disorder receive services in school (4). The prevalence of these disorders in clinic-referred populations has been reported to be over 10%, and therefore they constitute a major part of the clinical caseload (5).

Children exhibiting externalizing behaviors show a propensity for aggression, potentially hindering their communication, social integration, and academic achievement (6).

Given the adverse consequences of externalizing behavioral disorders and how they can greatly affect an individual's personal, social, academic, and family life, it is apparent that these disorders can have long-lasting consequences and cause irreversible damage and social harm (7). Additionally, parents of children with these disorders often struggle with caring for their children and developing effective parenting skills (8). Therefore, there is a critical need to develop and put into action interventions that can help alleviate the psychological distress

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experienced by these mothers by enhancing their self-efficacy.

Existing problems in parent-child relationships make parents prone to doubt their self-efficacy and abilities, as well as self-blame, which plays a significant role in various aspects of a child's growth and development (9). Self-efficacy refers to a person's ability to perform a specific task or cope with a particular situation, which empowers mothers to feel competent in parenting (10). The existing literature highlights the connection between parental self-efficacy and health in both parents and children (11). Identifying factors associated with parental self-efficacy is crucial for the quality of healthcare and for developing and organizing intervention goals to support parents (12). In addition to its impact on the mother-child interaction style, parental self-efficacy also predicts the mother's disciplinary approach, her beliefs about parenting methods, and even her sensitivity and responsiveness (13). High self-efficacy is associated with lower anxiety, depression, and stress in parents, fewer behavioral problems in children, and overall better child development (14). Therefore, mothers who possess a strong sense of self-efficacy establish warm and cohesive relationships with their children, mothers experiencing a lack of self-efficacy have difficulties in their relationships with their children (15). Low parental self-efficacy is considered a risk factor for negative parenting and negative parent-child relationships (12).

Compassion-focused therapy (CFT) represents a recent psychotherapeutic intervention emerging from the third-wave of cognitive-behavioral therapies (CBTs) designed to alleviate psychological distress (16, 17). This method encourages clients to understand and feel compassion for themselves and others during negative thought processes through a strong focus on cultivating compassion (18). CFT uses a multi-dimensional approach that draws on a variety of training skills related to attention, reasoning, imagery exercises, and behavioral interventions (19). The core of CFT is compassion-based meditation, which is created through the balance of three systems: threat and self-protection system, motivation system, and security system (20). The nature of compassion is kindness coupled with a deep awareness of suffering and pain, along with the desire, motivation, commitment, and effort to alleviate them (21). The goal of this educational approach is to learn key strategies and approaches such as kind reasoning, kind behavior, kind imagination, kind sense, kind attention, and kind feelings. It improves the dimensions of compassion, including psychological well-being, distress tolerance, sensitivity to suffering, empathy, sympathy, and non-judgmental perspective (22). Highly compassionate individuals resolve their interpersonal conflicts by considering their own needs and the needs of others; they accept help, support, or kindness from others and do not feel embarrassed, anxious, guilty, or remorseful in response to others' kindness to them. In a study by Smeets and colleagues (23), the results showed that compassion intervention led to a significant increase in self-efficacy.

Given the substantial psychological burden on parents, particularly mothers, raising children with externalizing disorders (anxiety, stress, depression), coupled with difficulties in childcare and parenting skills, and the erosion of self-efficacy and increased self-blame associated with strained parent-child relationships, interventions that enhance parental self-efficacy are urgently needed to mitigate these psychological harms. This study aimed to investigate the effectiveness of CFT in improving self-efficacy among mothers of children exhibiting externalizing behaviors.

2. Methods

This study adopted a semi-experimental pre-test post-test control group design. The target population of this study comprised all mothers with 10- to 12-year-old boys exhibiting externalizing behaviors residing in Isfahan, Iran, who sought counseling and psychological services at the Isfahan Education and Training Counseling and Psychological Services Center, Isfahan, Iran in 2020. Convenience sampling was employed, and participants were recruited from those willing to participate in the study and complete an informed consent form. A sample of 30 mothers was recruited and randomly assigned to either the experimental or control group (n=15 per group) using a random number table (Figure 1). A priori power analysis conducted with G*Power software determined this sample size to be sufficient for detecting a significance level of $\alpha=0.05$ and a statistical power of 0.80. The post-test scores for the responsibility variable revealed a mean of 19.07±3.26 in the experimental group and 15.27±3.17 in the control group (24).

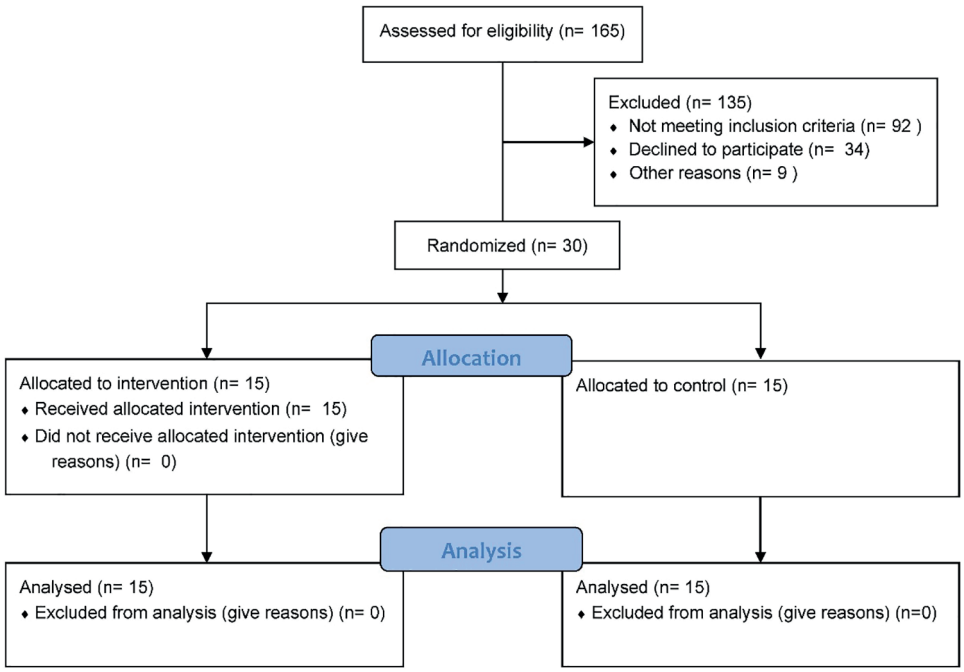

Figure 1: The figure shows the CONSORT flow diagram of the study.

The inclusion criteria were: having a 10- to 12-year-old boy, the presence of behavioral problems in the child based on a clinical interview with the mother, a score above the mean on the Child Behavior Checklist, at least a middle school education for the mother, no prior structured parenting education for the mothers, no ongoing psychological treatment for the children, and the ability to attend group sessions. The exclusion criteria included the mother's absence from more than two sessions, participation in any other therapeutic intervention, and unwillingness to cooperate with the researcher.

2.1. Instrument

2.1.1. Berkeley Parenting Self-Efficacy Scale (BPSE-R): This 17-item scale was developed by Holloway and colleagues (25) and measures four factors: parental responsibility (4 items), self-management (4 items), acceptance of the child (6 items), and positive evaluation of the child (3 items). The scale uses a 6-point Likert scale. The Cronbach's alpha for the total scale is 0.77 (25). To obtain the score for each dimension, the scores of the questions related to each dimension is summed up. The range of scores for this questionnaire is 17 to 102. Higher overall scores indicate higher self-efficacy of the responding mother. The psychometric evaluation of the measure in Iran yielded a reliability coefficient of 0.84 for the total scale, indicating good internal consistency (26). Additionally, Tajeri and co-workers (26) provided evidence for the content validity of the scale using a Content Validity Index (CVI) of 0.99 and a Content Validity Ratio (CVR) of 0.98, suggesting strong alignment between the scale items and the target construct. The reliability coefficient obtained in the present study for the scale was 0.78.

2.2. Procedure

Following an announcement for parenting workshops at the Department of Education Psychological Services Center, Isfahan Province, 30 mothers were recruited from among volunteers based on informed consent and eligibility criteria. A random number table served as the basis for participant assignment to the experimental or control group, ensuring unbiased allocation. An introductory session was held with mothers, where researchers emphasized ethical principles, including confidentiality and privacy of information. A pre-test was then administered to both groups to establish baseline measures of self-efficacy. The CFT protocol was grounded in Gilbert's (27) approach (Table 1). The experimental group received CFT as the intervention, while the control group received no intervention and was waitlisted. CFT consisted of an eight-week, 90-minute, group-based training program delivered to mothers once per week. The intervention sessions were held on a weekly basis, on Wednesdays from 4 to 5:30 PM, and were led by the first author who had completed specialized courses and workshops in this particular field.

Table 1: Compassion- focused training (CFT) session summary

Sessions	Content
1	Introduction of therapist and group members; Discussion of group goals and structure; Identification of individual challenges; Introduction to the concept of compassion; Definition of kindness and unkindness
2	Understanding the brain's reward system; Introduction to emotion regulation systems; The three brains; Identifying the three enemies of compassion
3	Characteristics of a compassionate person; Introduction to compassionate reasoning; Exploring different selves; Practice of compassionate reasoning; Two-chair technique
4	Understanding compassionate behavior; Dimensions of compassionate behavior; Barriers to compassionate behavior
5	Cultivating compassionate attention; Practice of loving-kindness meditation; Receiving kindness from others
6	Introduction to compassionate visualization; Safe place imagery
7	Understanding compassion-related attitudes; Practice of self-compassion; Recognizing and managing difficult emotions; Caring for oneself and others; "Perfect Day" metaphor
8	Review of CFT concepts and skills; Writing a compassionate letter to oneself; Posttest administration

CFT: Compassion- focused training

Table 2: Comparison of groups in terms of demographic variables

Groups	Mean age (years)	Employment		Education	
		Housewife	Employed	High school	College education
CFT group	38.42±5.17	9(60.0%)	6(40.0%)	8(53.3%)	7(46.7%)
Control group	40.21±6.70	10(66.7%)	5(33.3%)	9(60.0%)	6(40.0%)
P	0.419	0.709		0.717	

CFT: Compassion- focused training

Following program completion, both groups were administered a post-test to assess changes in self-efficacy.

2.3. Data Analysis

Data analysis procedures adhered to a significance level of alpha (α)=0.05. To ensure assumptions for parametric tests were met, normality of scores was assessed using the Shapiro-Wilk test (non-significant p-values indicated normal distribution). Levene's test for homogeneity of variances and a homogeneity of regression slopes test were conducted to confirm equal variances and regression line slopes across groups for the dependent variables (self-efficacy subscales). Both descriptive statistics (mean and standard deviation) and inferential statistics were employed. The primary inferential test was a one-way ANCOVA conducted in SPSS version 23 to compare self-efficacy scores between the experimental and control groups while controlling for pre-test scores. Chi-square tests were used to analyze categorical demographic data, while Independent and Paired Samples t-tests were used to compare mean scores between groups at post-test and within groups across pre-test and post-test time points, respectively.

3. Results

The study sample comprised 30 mothers of children exhibiting externalizing behaviors. Mothers in the CFT group had a mean age of 38.42 years (±5.17), while those in the control group had a mean age of 40.21 years (±6.70). Demographic characteristics of the mothers in both groups are detailed in Table 2.

Table 3 presents the descriptive statistics for the mean and standard deviation (SD) of mothers' self-efficacy scores and their subscales, disaggregated by group (control and CFT groups) and assessment time point (pre-test and post-test). As can be observed, in the control group, the mean scores on the pre-test and post-test did not show any significant change. However, in the experimental group, a significant increase in scores was observed from pre-test to post-test.

The results of the data analysis revealed improvements in self-efficacy scores for mothers in the CFT group compared with the control group. Specifically, mothers in the CFT group showed significant increases in all self-efficacy subscales (responsibility, self-management, child acceptance, and positive child evaluation) from pre-test (51.87±6.17) to post-test (66.39±7.96) with P values less than 0.05. In contrast, the control group did not exhibit statistically significant changes in self-efficacy subscales or total score (pre-test: 51.90±5.26; post-test: 54.23±4.08).

Table 3: Descriptive statistics for self-efficacy scores and subscales

Variables	Phases	CFT group	Control group	P (between group)
		Mean±SD	Mean±SD	
Responsibility	Pretest	15.27±3.10	14.80±3.10	0.709
	Posttest	19.07±3.26	15.27±3.17	0.003
	P (within group)	0.003	0.685	-
Self-management	Pretest	10.70±3.91	11.43±3.46	0.592
	Posttest	14.29±2.06	11.90±2.88	0.014
	P (within group)	0.004	0.689	-
Child acceptance	Pretest	18.27±2.34	17.87±2.62	0.663
	Posttest	21.83±2.93	18.73±2.40	0.004
	P (within group)	0.001	0.357	-
Positive child evaluation	Pretest	7.63±1.36	8.80±1.93	0.065
	Posttest	11.20±1.82	8.33±1.97	0.001
	P (within group)	0.001	0.515	-
Self-efficacy (total)	Pretest	51.87±6.17	51.90±5.26	0.989
	Posttest	66.39±7.96	54.23±4.08	0.001
	P (within group)	0.001	0.186	-

CFT: Compassion- focused training

The results indicated that the regression slopes were not significantly different between the groups (P=0.173). This suggests that the pre-test scores had a similar effect on the post-test scores in both groups. The results of Levene's test showed that the variance for responsibility (P=0.194), self-management (P=0.079), child acceptance (P=0.190), and positive child evaluation (P=0.089) subscales were not significantly different between the groups. This implies that the assumptions of homogeneity of variance were met for the subsequent analysis.

According to the results of ANCOVA for comparing the self-efficacy subscales in the control and CFT groups at the post-test assessment. After adjusting for the pre-test self-efficacy scores as a covariate, the results revealed statistically significant differences in the mean post-test self-efficacy scores for responsibility (P<0.001), self-management (P<0.001), child acceptance (P<0.001), and positive child evaluation (P<0.001) subscales between the control and CFT groups. These findings suggested that the CFT intervention had a significant effect on increasing mothers' self-efficacy in all four subscales.

4. Discussion

The results demonstrated that CFT significantly improved mothers' self-efficacy. The findings of this study align with previous research supporting the efficacy of CFT in enhancing self-efficacy. Beaumont and colleagues (28) found that CFT had a positive impact on self-efficacy. Similarly, Smeets and colleagues (23) reported that compassion led to a significant increase in self-efficacy. Additionally, Sommers-Spijkerman and co-workers (29) suggested that compassion holds promise for promoting well-being and reducing psychological distress. Furthermore, Andersen and Rasmussen (30) concluded that compassion can alleviate anxiety, depression, shame, and self-criticism.

The positive impact of CFT on mothers' self-efficacy can be attributed to the inherent nature of compassion, which Gilbert (27) defines as "basic kindness accompanied by a deep understanding of suffering, both one's own and that of others, and the motivation to alleviate it." In CFT, mothers are guided to replace judgment and reactivity towards their own and their children's behaviors with empathy and compassion. They are encouraged to recognize the underlying pain that may be driving their child's behavior and to seek ways to understand and alleviate that pain. This empathic and healing approach fosters a sense of security for both the mother and the child, encouraging them to engage in more adaptive and cooperative interactions (31).

CFT also helps parents discover and appreciate their child's positive qualities, the strengths of their interactions with their child, and all the aspects of their relationship that they may have overlooked due to their focus on communication difficulties. Parents become more aware of their own judgments and labels in their interactions, and they explore how these judgments and labels contribute to the formation of

rigid mental constructs about themselves and their children, intensify negative emotions, and weaken their ability to manage parenting challenges (32). As a result of CFT, mothers' motivation and desire to engage with their children increase, and they begin to view their children as sources of positive reinforcement. This leads to mothers regaining their sense of calmness and satisfaction. In essence, mothers experience a sense of contentment with the present situation, coupled with a feeling of security and self-efficacy (33).

CFT cultivates positive emotions in parents, leading to increased experiences of love, joy, and contentment in their daily lives (34). This practice encourages parents to identify the strengths of their parenting style and refrain from harsh self-judgment in the face of parenting and communication challenges. When mothers view themselves through a lens of compassion and kindness, they are less inclined to engage in self-criticism or blame their children. This shift in perspective represents a crucial step towards enhancing maternal self-efficacy in parenting and cultivating self-care practices during stressful situations. Compassion-based interactions empower parents to approach challenging situations with composure, accept responsibility, and tolerate distress associated with family life (16). They are guided to examine the current crisis in the context of the present moment, aligning with the prevailing circumstances. This approach encourages parents to discover empathetic solutions that mitigate distress and enhance the mother-child relationship, ultimately leading to more rewarding parenting experiences and increased self-efficacy.

4.1. Limitations

This study employed convenience sampling technique, restricting participants to mothers seeking services at a single center in Isfahan, Iran. Consequently, generalizability to other populations and locations requires caution. The focus on mothers of 10-12-year-old boys further limits generalizability. Events beyond the intervention may have influenced self-efficacy scores, and social support within the center could be a confounding variable. Future research should use more rigorous sampling (e.g., stratified or random) and consider including mothers with children of varying ages and genders for a broader understanding of CFT's effectiveness in diverse parenting contexts.

5. Conclusions

The findings demonstrated that CFT intervention led to a statistically significant increase in self-efficacy scores for mothers in the CFT group compared with the control group. This positive effect was observed across all four self-efficacy subscales: responsibility acceptance, self-management, child acceptance, and positive child evaluation. These results suggested that CFT can be a valuable tool for improving self-efficacy in mothers parenting children with challenging behaviors. Enhanced self-efficacy can empower mothers to manage parenting stress more effectively, adopt more positive parenting practices, and ultimately contribute to improved child outcomes. Despite the limitations, the findings of this study provide valuable insights for clinical practice. CFT appears to be a promising intervention for enhancing mothers' self-efficacy and improving their parenting practices. Clinicians may consider incorporating CFT into their treatment plans for mothers experiencing parenting challenges.

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Authors' Contribution

Mojtaba Rahimi: Substantial contributions to the conception and design of the work; acquisition, analysis, and interpretation of data for the work, drafting the work and reviewing it critically for important intellectual content. Hossein Molavi: Substantial contributions to the conception and design of the work; acquisition, analysis, and interpretation of data for the work, drafting the work and reviewing it critically for important intellectual content. Mojtaba Ansari Shahidi: Substantial contributions to the conception and design of the work; acquisition, analysis, and interpretation of data for the work, drafting the work and reviewing it critically for important intellectual content. Akram Dehghani: Substantial contributions to the conception and design of the work; acquisition, analysis, and interpretation of data for the work, drafting the work and reviewing

it critically for important intellectual content. All authors have read and approved the final manuscript and agree to be accountable for all aspects of the work, such as the questions related to the accuracy or integrity of any part of the work.

Ethical Approval

The study was approved by the Ethics Committee of Islamic Azad University, Falavarjan Branch, Falavarjan, Isfahan Province, Iran with the code of IR.IAU.FALA.REC.1400.051. Also, written informed consent was obtained from all participants prior to their inclusion in the research.

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