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REDUCING PARENTAL BURNOUT

PARENT-PREV RESEARCH PROJECT



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Background

- With regard to its negative consequences (e.g., **violence, neglect, substance abuse, child's aggressive behaviour, suicide**) more and more attention is given to parental stress and parental burnout.
- Similar to professional burnout, parental burnout may be understood as the imbalance between one's lack of resources and perceived exceeding demands from the environment.



Risk Factors:

- perfectionism
- overinvestment tendency
- exposure to chronic stress

Symptoms:

- emotional and physical exhaustion
- emotional distancing from children
- lack of sense of parental accomplishment



Aims

The PARENT-PREV project aims to identify psychological **processes** underlying parental burnout, to inform the development of **specific and efficient interventions** for parents, thus **decreasing parental burnout consequences** for the parent, the couple and children.

1

Identifying cognitive, behavioural and emotional processes implied in parental burnout.

Method

Participants: 200 parents, age +18; 30 participants per research group.

Materials:

-validated scales: Parental Burnout Inventory, Risks and Resources Balance, etc.,
-intervention protocols (mindfulness based interventions and Cognitive behavioural interventions),
-physiological measures of stress management and chronic stress (HRV, hair cortisol)

Procedure: Randomized Control Trials, evaluation of multiple baselines, evaluation of the efficacy of interventions directly and 3 months after the intervention.

Statistical plan: inter-group comparison (MANOVA), intra-group comparison (Cluster analysis).

2

Identifying personal strengths and resources playing a protective role against the parental burnout.

Hypotheses

1. Both mindfulness-based interventions and cognitive behavioural interventions will reduce symptoms of parental burnout in comparison to the control group.

2. Depending on cultural, socio-demographic and individual characteristics participants will be prone to different types of intervention.

3. We expect to observe decreased hair cortisol in participants between baseline measure and the follow-up measure.

4. Participants from the research groups will present a higher Heart Rate Variability (better stress management abilities) following the intervention in comparison to the baseline.

3

Development of specific interventions. Randomized controlled trial studies evaluating their efficacy.

4

Identifying profiles of parents who are more prone to different interventions. Analysis of cultural and individual traits.

Expected contributions

We expect that our study will contribute to the better comprehension and efficient prevention of this emerging disorder, as well as to the better health and accomplishment of parents, children and families.



References

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