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WebParents: Online parent counseling program focusing on homeschooling amidst the COVID-19 pandemics.

WebPais: orientação de pais on-line voltada para a educação domiciliar em meio à pandemia de covid-19.

ABSTRACT

The COVID-19 pandemic increased parental burden on childrens homeschooling, making up an additional stressor. Preliminary results of an Internet-based psychoeducation and counseling program are described, aimed at enabling parents to manage their childrens homeschooling activities. 50 parents of children from 6 to 14 years old participated. The program comprised six 90-minute sessions, spread over three weeks, working with positive attention, differential reinforcement, routine organization, emotional regulation and flexibility of thoughts and feelings. A one-group only quasi-experimental pre- and post-test design was used. Results showed decreases in the levels of parental symptoms of depression, anxiety, stress, assessed with DAS-21, as well as a reduction in the number of behavior problems and an increase in the childrens prosocial and adaptive behaviors, assessed with SDQ. No changes were observed in parenting styles, assessed with IEP. Parents answered a user satisfaction questionnaire and positively evaluated their participation in the program, considering that the benefits outweighed problems related to remote modality. Although more studies are needed, remote parent counseling during the COVID-19 pandemic has shown promise and can be incorporated into psychotherapeutic practices in other circumstances as well.

HEADINGS: Parents; Counseling; Internet-Based Intervention

RESUMO

A pandemia do COVID-19 aumentou a sobrecarga parental na educação domiciliar das crianças, tornando-se um estressor adicional. São descritos os resultados preliminares de um programa de psicoeducação e aconselhamento baseado na Internet, objetivando capacitar os pais a manejar as atividades de educação domiciliar de seus filhos. Participaram 50 pais de crianças de 6 a 14 anos. O programa compreendeu seis sessões de 90 minutos, distribuídas em três semanas, trabalhando com atenção positiva, reforço diferencial, organização da rotina, regulação emocional e flexibilidade de pensamentos e sentimentos. Foi utilizado um desenho quase experimental de pré e pós-teste em um único grupo. Os resultados mostraram diminuições nos níveis de sintomas parentais de depressão, ansiedade, estresse, avaliados com o DAS-21, bem como redução do número de problemas e aumento dos comportamentos pró-sociais e adaptativos das crianças, utilizando o SDQ. Não foram observadas mudanças nos estilos parentais, com o IEP. Os pais responderam a um questionário de satisfação do consumidor e avaliaram positivamente a participação no programa, considerando que os benefícios superaram os problemas relacionados à modalidade remota. Embora mais estudos sejam necessários, o aconselhamento remoto aos pais durante a pandemia de COVID-19 mostrou-se promissor, podendo ser incorporado às práticas psicoterapêuticas também em outras circunstâncias.

DESCRITORES: Pais; Aconselhamento; Intervenção Baseada em Internet

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INTRODUCTION

In this study, we report preliminary results of an internet-based synchronous intervention to help parents to cope with their children's homework activities during the COVID-19 pandemic. In addition to concerns about contracting and transmitting the virus, the COVID-19 pandemic caused numerous other challenges to lives of families around the world (Salari et al., 2020). Around the world, 90% of students have been affected by school closures (Lee, 2020). In Brazil, closing of schools started in March 2020 and largely remains in effect as of this writing (UNESCO, 2021a).

Fifty-three million Brazilian students have been affected by emergency remote learning (UNESCO, 2021b). According to Barberia and coworkers (2020) 85%, 55% and 15% of students accessed school activities using the internet, television, and radio, respectively. The main learning resources used were academic books (60%), internet (15%) and mobile apps (10%). In 80% of Brazilian states, some type of student support by teachers was offered, however, supervision was poor (Ferreira et al., 2020). Data indicate negative and long-term effects on children's learning, as well as financial and health problems in the families (Lebow, 2020; Souza et al., 2021).

In Brazil, the pandemic was associated with a decrease in purchasing power and increase in unemployment rates (Acs & Karpman, 2020; Almeida et al., 2020; Greco et al., 2021). Almeida and coworkers (2020) reported that 55.1% suffered a reduction in family income, while 7% lost income sources altogether. It was estimated that more than four million Brazilian students in elementary school had no adequate access to the internet (Nascimento et al., 2020). Lack of internet accessibility made remote learning difficult or impossible (Ferreira et al., 2020; Tzafilkou et al., 2020; Cunha et al., 2020).

The COVID-19 pandemic also reflected negatively on family life. Parents needed to take on more responsibilities regarding children's school homework and remote learning. This was associated with increasing stress, probability of problem behavior in children as well as risk of mental health disorders, such as anxiety and depression symptoms in parents (Adams et al., 2021; Tang et al., 2021).

During the pandemic, elementary school students presented more emotional problems and symptoms of mental disorders (Miranda et al., 2020; Spinelli et al., 2021), more problematic behaviors such as disobedience, lack of attention and motivation for school activities in the remote condition (Tzafilkou et al. 2020; Souza et al. 2021; Spinelli et al. 2021). Students self-report drops on their achievement, contributing to the development of anxiety symptoms, and generating negative emotions about self-image and self-efficacy (Tzafilkou et al., 2020; Miranda et al., 2020).

Parents were overwhelmed balancing among demands related to remote work, domestic chores, and assistance to their children's school activities (Adams et al., 2021). Parents' lack of adequate pedagogical approaches in homework supervision may affect children's learning (Alves, 2020; Avelino & Mendes, 2020).

Independently of the pandemic, almost 50% of American parents report difficulties helping their children during homework (Noel et al., 2013). Parental concerns include: 1) quality of the activities (either too long or short, too easy, or hard, or confusing); 2) lack of time to help children; and 3) lack of knowledge about the academic content (Cooper et al., 2006). Teachers and children usually demand parents' participation in homework activities (Cooper et al., 2000, 2006; Hoover-Dempsey et al., 1995). Even though parents believe their help has positive effects, they often report not knowing how to get effectively involved (Cooper et al., 1998, 2006; Pomerantz et al., 2007).

Parents' involvement and interest in school activities are associated with achievement (Pomerantz et al., 2007). There are, at least, six ways in which parents could be involved with children's homework: 1) giving instructions. 2) acting as a role model. 3) giving reinforcement. 4) establishing rules. 5) organizing a routine. and 6) acting as a source of help in the development of study skills and children's contents knowledge (Hoover-Dempsey et al., 2001). Presence of a supervisor promoting study skills, learning, and motivation is essential in activities requiring deliberate practice (Lehtinen & Viiri, 2017). Children who receive positive support from their parents demonstrate better emotional regulation and self-efficacy than those who did not receive adult supervision or whose parents are too controlling and punitive (Hoover-Dempsey et al., 1995, 2001; Pratt et al., 1992).

Parenting practices can be defined as parents' educational behaviors to manage children's conduct and socialization (Gomide, 2006). Negative parenting practices can cause emotional and behavioral problems in children. On the other hand, positive practices are a protective factor for development (Cia et al., 2006; Guisso et al., 2019). The benefit of parental support in homework activity appears when parents use less punitive practices, establishing cooperative relationships with their children based on positive reinforcement and a better understanding of children's academic difficulties (Cooper et al., 2000; Pratt et al., 1992). Because of emergency remote learning policies and lack of adequate teacher guidance, parental supervision of school activities has become more necessary. Parents reported being involved in supervising children's task engagement (81,7%), accompanying children's learning progress (80,4%), supervising time organization (71.8%), recognizing children's learning difficulties (69%) and providing study facilities (64.8%) (Novianti & Garzia, 2020).

In Brazil, supervision of parents has been more demanding during the pandemic (Ferreira et al., 2020; Novianti & Garzia, 2020). Although the need for parental help increased, 50% of students said that sometimes parents are not able to help with all questions (Ferreira et al., 2020).

In addition to lack of pedagogical skills to help children, parental involvement in school tasks is often permeated by punitive and conflictual interactions (Cooper, et al., 2000). The constant use of punishment increases the frequency of oppositional, hyperactive behavior and lack of attention in children. It also promotes demotivation and procrastination (Barkley, 2013; Greenwald et al., 1997; Kazdin, 2005). Furthermore, punishment provokes side effects such as negative feelings in parents and children, generating conflicts and increasing the risks of physical and psychological abuse towards children (Barkley, 2013; Cia et al., 2006; Greenwald et al., 1997; Santini & Williams, 2016).

The first parent training programs emerged in the 1960s. They were essentially based on behavior analysis theory, and aimed to promote parenting positive educational practices, teaching parents manage children behavior problems (Barkley, 2013; Kazdin, 2005). Over the years, other goals and therapeutic approaches were developed, showing positive results (Benedetti et al., 2020; Guisso et al., 2019). Brief programs lasting a few weeks in duration have been developed to help parents help their children with school activities at home, for children with and without learning and behavioral difficulties (Anesko & O'Leary, 1983, Power et al., 2001). In Brazil, Cia and coworkers (2010) found improvement in academic achievement and social skills in children after a 12-session parenting intervention when compared to a control group.

The cognitive-behavioral therapy (CBT) framework has also been used to design effective parenting orientation and training interventions (Santini e Williams, 2016). Neufeld and colleagues (2018) observed improvement in family relationship, enhancement of positive practices and reduction of coercive practices in participants after a parenting orientation program based on CBT. PROPAS I and its shorter version, PROPAS II, were designed using behavior analysis principles, cognitive strategies (cognitive distortions identification, promoting more flexible thinking and emotions regulation tools). Parents' understanding of Beck's cognitive model (Beck, 2013), the influences of cognitive processes in emotions and behavior were crucial to the therapeutic results (Neufeld & Maehara, 2011; Neufeld et al., 2018; Russo et al., 2021). Despite the positive results, the literature on orientation programs based on CBT is still limited, especially in Brazil (Benedetti et al., 2020).

Considering the impacts of the COVID-19 pandemic on family functioning, parents' mental health and challenges with school activities supervision, intervention programs to assist parents in developing more positive practices to deal with

behavior and emotional problems in children have become more important and required. In addition, during the pandemic, several families did not receive appropriate assistance and mental health care, because of an overload of the health system. Virtual interventions have become an alternative source of assistance (Roos et al., 2021; Wade et al., 2020; Spencer et al., 2020). A series of internet-based parent training and counseling programs were created and adapted (Fogler et al., 2020; Riegler et al., 2020; Wade et al., 2020; Spencer et al., 2020). Fogler and coworkers (2020) described their procedures used to adapt a face-to-face program to a virtual modality of a 4-session intervention program designed for parents of children ages 5 to 11 years newly diagnosed with attention deficit hyperactivity disorder (ADHD). In order to transpose the face-to-face program to remote mode, the researchers adopted guidelines for measuring challenges and changes to implement intervention programs virtually.

Aiming to produce an efficient adaptation to virtual environment, Fogler and coworkers (2020) operationalized five parameters: 1) "parental focus on foundational principles and evidence-based practice;" 2) "active engagement;" 3) "emotional validation;" 4) "strengthening of change talk;" 5) "building connections among parents". In this way, the authors reinforce the idea that the therapeutic approach is not a simple face-to-face program transposition. Both the adaptation and creation of online programs need to take in account the characteristics of the modality, also paying attention to privacy policies and internet instability. By 2020, the effectiveness of 15 internet-based parent programs had been systematically reviewed, indicating benefits on children's behavior and emotional expression, and mental health in parents (Florea et al., 2020). Results were similar when compared with traditional face-to-face programs.

Considering the importance of parenting programs, added to the challenges brought by the pandemic, especially for the Brazilian population, in this study we aimed to present a synchronous and virtual parenting orientation program using a 6-sessions protocol, named WebParents. WebParents was developed for parents of students from 6 to 14 years of age. The program was conducted by videoconference twice a week (for 3 weeks) and was based on the CBT framework. The program combined psychoeducation, skills training strategies and cognitive approaches. The WebParents framework covered positive attention, differential reinforcement, emotional regulation, and flexibility of thoughts and feelings. Another differential of the program was the focus on parenting supervision in school activities and routine organization during virtual learning. In this study, preliminary results of the intervention effects on parent's mental health, parenting practices and children's behavior are presented. In addition, parents' feedback about their experience program is reported.

METHODS

DESIGN

A one-group pre- and post-test design was used.

PARTICIPANTS

The project was previously approved by the Ethics Board of Universidade Federal de Minas Gerais. Participation was conditioned to online written informed consent. One hundred and sixty-two families applied voluntarily to the program (Figure 1). Families of 34 children were not invited to participate because of children's incompatible age ($n = 7$), children with parent-reported neurodevelopmental disorders ($n = 25$), parental psychiatric disorder ($n = 1$), and parental refusal ($n = 1$). One hundred twenty-eight families were invited and 69 accepted to participate, 53 of whom completed the whole program (77%). 18 families of 6- to 8-year-olds participated in 4 groups, 16 families of 9- to 11-year-olds participated in 4 groups, and 16 families of 12- to 14-year-olds participated in 3 groups. In one family, both parents completed the program but only the maternal responses were analyzed. Data were analyzed for 2 fathers, 47 mothers and 1 godmother.

Research was conducted online. Data was collected using Google Forms. Participants were recruited through social networks all over Brazil. After giving their informed consent, participants filled a form with their and their children's sociodemographic characteristics and responded to the pre-test questionnaires.

Applications were received during a period of eight months, from September 2020 to April 2021. Participants with more than one child in the age range from 6 to 14 years were asked to fill data regarding only one child. 76% of parents reported that their children presented diagnoses such as anxiety, ADHD, dyslexia/dyscalculia, and Oppositional Defiant Disorder - ODD. 24% did not report any diagnosis. Parents' concerns were associated with the impacts of the covid-19 pandemic on family's daily life, such as an increase in conflicts at home and difficulties in organization of family routine in face of lockdown.

INSTRUMENTS

Socioeconomic status was analyzed using Critério Brasil (ABEP, 2019). This is a widely used categorical assessment of SES based on the educational level of the family head, number of housemaids, vehicles, computers and other appliances, piped water, and paved streets available at home.

Depression Anxiety and Stress Scale (DASS-21) - Short Form. Self-reported symptoms of anxiety, depression and stress in the parents were assessed with DASS-21 (Lovibond & Lovibond, 1995, Vignola & Tucci, 2014). DASS-21 responses are coded through a 4-point Likert scale. Each subscale consists of seven statements. The respondent is asked to judgements varying from "0 = totally disagree" to "3 = fully agree." Sample items are "I felt scared without any good reason" for anxiety, "I couldn't seem to experience any positive feeling at all" for depression and "I found it difficult to relax" for stress. The time window is related to last week. Internal consistency was $\alpha = 0.95$ in 50 participants.

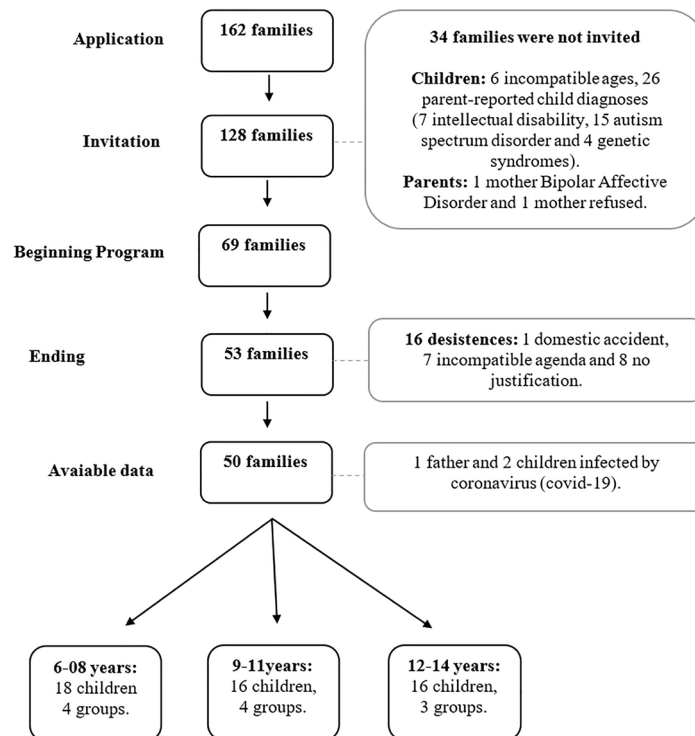


Figure 1. - Flowchart demonstrating recruitment of participants.

Strengths and Difficulties Questionnaire (SDQ): Parent-reported children's behavior was assessed with the SDQ (Fleitch et al., 2000; Goodman, 1997). SDQ comprises 25 items divided into 5 subscales assessing Emotional Problems, Conduct Problems, Hyperactivity, Peer problems, Prosocial Behavior. Each subscale consists of five statements, whose responses are coded as "0 = not true", "1 = somewhat true", and "3 = certainly true". Different scores are obtained for each subscale as well as total sum score. The time window is related to the last six months. Internal consistency was $\alpha = 0.69$ in 50 participants.

Parenting Style Inventory (PSI)- Inventário de Estilos Parentais (IEP): Parental-reported strategies and resources educating the children were assessed with the IEP (Gomide, 2006). The IEP assesses seven positive (Positive Monitoring; Moral Behavior) and negative (Physical Abuse, Negative monitoring; Inconsistent Punishment; Negligence; Relaxed Discipline) parental practices. The total score is calculated subtracting the positive from the negative practices. More negative scores indicate poor parenting practices. Parents respond to 42 items, considering 10 episodes. Responses are coded as "Never" for 0 to 2 times, "Occasionally" for 3 to 7 times, and "Always" for 8 to 10 times. A time window is not specified. Internal consistency was $\alpha = 0.756$ in 50 participants.

User-Satisfaction Questionnaire: After completing the post-test, parents responded to a 10-item User-Satisfaction Questionnaire, specially developed for this study. Changes in children's behavior, relationships with the child, and parenting practices were coded as "1 = little improvement" to "5 = a lot of improvement". Difficulties were coded from "1 = little difficulty" to "5 = a lot of difficulties". Self-assessment of engagement in program ("1 = not able to practice at home" to "5 = all practices at home conducted"), usefulness of learned strategies ("1 = little utility" to "5 = very useful"), online modality of interventions ("person-to-person better than remote", "person-to-person similar to remote", "remote better than person-to-person) were also assessed. Recommendation of the intervention for a friend was coded as "Yes" or "No", and grades from 1 to 5 were assigned to a general assessment of the program. Internal consistency was $\alpha = 0.74$ in 50 participants.

ASSESSMENT PROCEDURES

The participants invited to the intervention were evaluated before the program started. Parents who completed the program were also evaluated afterwards. Participants who dropped out from the intervention and those who attended less than 50% of the program were only evaluated with pre-test.

INTERVENTION PROGRAM

Development of the program relied on CBT strategies developed by Neufeld & Maehara (2011), Neufeld and colleagues (2018) and Russo and colleagues (2020). Homework supervision strategies were based on Power and coworkers (2001) protocol.

The program consisted of six 90-minutes remote sessions. Intervention techniques used were psychoeducation (parenting styles, proximal behavior antecedents and consequents [ABC], distal behavior antecedents [parent characteristics, child characteristics, context]), home practice of engagement with the child and positive attention, differential reinforcement of adaptive behavior, homework rules and organization of families' agenda, and recognition of feelings and thoughts. The contents of each session are presented in Table 1. The typical structure of a session is presented in Table 2.

INTERVENTION PROCEDURES

The participants were allocated to eleven virtual parent intervention groups, according to the order of application and family time scheduling convenience. On average, there were five participants per group (minimum of two and maximum of nine participants). The intervention program was conducted using Google Meet. The program was delivered by two therapists in 90-minutes sessions, twice a week in a total of three weeks. Approximately two groups were conducted per month. The therapists were trained in the WebParents protocol through weekly online supervisions using role play strategies and participating in the groups as observer therapists. Groups were delivered by the first author as main therapist and a psychologist or undergraduate psychology student as co-therapist.

STATISTICAL ANALYSES

Non-parametric tests were used. Baseline differences in the outcome measures (DASS-21, SDQ and IEP) family's SES, caregivers' education, and age were examined with the Kruskal-Wallis. Baseline differences according to sex were assessed with the Mann-Whitney test. Baseline differences in sociodemographic characteristics and outcome measures between parents that completed and parents who did not complete the program were assessed with the Mann-Whitney Test. The Wilcoxon test was used to compare performance on outcome variables between pre- and post-test. Effect sizes were assessed with r for non-parametric tests (Field, 2017). Statistical analyses were performed using Statistical Package for the Social Sciences 26 (SPSS).

RESULTS

Results will be presented in seven sections: 1) sociodemographic characteristics of participants; 2) attendance; 3) influence of children's age and sex; 4) parents' perceptions of their mental health; 5) parent's perceptions of child behavior; 6) parent's perceptions of parenting styles; 7) user-satisfaction questionnaire.

Sociodemographic characteristics of participants.

The sociodemographic characteristics of participants are presented in Table 3. Except for two fathers, all other participants were mothers. One mother was adoptive. Almost 80% of participants had a college degree and 90% belonged to the higher SES, above the percentile rank 75 (ABEP, 2019).

Table 1. Structure of WebParent's program.

Session	Goals	Action Plans
1 "Does a child come with an instruction manual?"	Rapport and group bonding; understanding human development, parental practices and parenting styles, orders, and rules; parent involvement in school activities.	Happy Hour (positive attention), frequency and identification of adaptative and maladaptative behaviors.
2 " Understanding behavior laws."	ABC of behavior (antecedents, behaviors, consequences), reinforcement and punishment strategies, positive monitoring, differential reinforcement and how to delivery positive feedback.	Happy Hour, systematic verbal reinforcement of adaptative behavior (praise).
3 "Calibrating parents' expectations."	Importance and strategies to build a meaningful daily and homework routine, motivating homework through moderate challenges.	Happy Hour, routine recording, and agenda planning.
4 "What do emotions have to tell us?"	Emotions and their functions, emotional regulation strategies, helping children to understand emotions;	Happy hour, identification and recording of emotions during interaction with the child.
5 "The lens that distorts the world."	Thought Identification; discussion about cognitive distortions and parenting practices, understanding how thoughts influence behavior, how to adaptively change set.	Happy hour, Identification and recording of thoughts during interaction with the child.
6 "Survival formula."	Program review, problem-solving in future family challenges; feedback on the program and closing.	Responding post-test online form.

Table 2 . Typical session structure.

Approximate duration (minutes)	Activity
5	Initial rapport moment.
10	Review of previous content (except in the first session).
25	Review and feedback on action plans.
40	Introduction of new content and topic discussion.
10	Participants' feedbacks and parent's activity (action plan) for the next meeting.

Table 3. Sociodemographic characteristics of participants.

Children	Age Group (years)	Total sample (6-14)	6-8	9-11	12 -14	
	N	50	18	16	16	
	Age in years (mean, sd)	9.88(2.76)	6.83(0.86)	10.00(0.82)	13.19(0.75)	
	Sex (% female)	30.00%	38.90%	25.00%	25.00%	
	School Grade (mean, sd)	4.78(2.75)	1.72(0.67)	5.00(9.67)	8.00(0.97)	
	School type (% private school)	71.00%	72.20%	81.30%	62.50%	
Parents	Age in years (mean, sd)	41.76(6.43)	38.72(4.91)	42.81(6.79)	44.13(5.57)	
	Sex (% female)	96.00%	94.40%	93.80%	100%	
	Marital status (% married)	82.00%	83.30%	87.50%	75.00%	
	Number of children per mother (mean, sd)	2.00(1.36)	2,50(2.09)	1.63(0.50)	1.81(0.54)	
	SES Total Score (mean, sd)	40.34(8.61)	37.33(7.70)	44.38(9.13)	39.69(7.92)	
	Formal schooling (mean, sd) in years	14.80(0.73)	14.44(1.50)	15.00(0.00)	15.00(0.00)	
	SES Categories (%)	A	28.00	22.20	37.50	25.00
		B1	36.00	33.30	43.80	31.30
		B2	26.00	27.80	18.80	31.30
		C2	10.00	16.70	0	12.50
	Residence State (%)	Minas Gerais	62.00	66.70	56.30	62.50
		South	16.00 (RS, SC, PR)	11.10 (RS)	6.30 (PR)	12.60 (RS, PR)
		East	12.00 (SP, RJ, ES)	11.20 (SP, RJ)	18.60 (SP, RJ)	6.30 (ES)
		Northeast	4.00 (PB, RN, BA)	11.20 (RN, BA)	6.30 (BA)	12.60 (PB, BA)
	West Central	6.00 (GO, DF, MS)	0	12.60 (DF, GO)	6.00 (MS)	

Note: sd = standard deviation, Brazilian States: MG (Minas Gerais), RS (Rio Grande do Sul), SP (São Paulo), RN (Rio Grande do Norte), BA (Bahia), DF (Distrito Federal), PR (Paraná), PB (Paraíba), ES (Espírito Santo), GO (Goiás), MS (Mato Grosso do Sul), SES: Socioeconomic Status.

The mean number of children by family was 2.00 (sd =1.36). Participants were recruited from 13 different Brazilian states. 63% of the participants were from the state of Minas Gerais.

Attendance. Seventy five percent of participants attended at least five of six sessions. No baseline differences in sociodemographic characteristics were observed. It was observed that the 16 parents who dropped out of the program reported higher levels of problems with peers' relationships and inadequate behaviors in their children compared with 50 parents who complete at least 50% of the program. There were no other differences.

Influence of Children's Age and Sex. In the pre-test, parents of children of different sex and age ranges did not differ regarding sociodemographic characteristics, mental health, and parenting style (all p 's > 0.05).

Parents' perceptions of their mental health. Throughout participation in the program, parents qualitatively reported difficulties to cope with anxiety, fatigue, and demotivation. Participation in the program resulted in decreased reported symptoms of anxiety, depression, and stress by parents (Table 4). Effect sizes were $r = 0.52$ for anxiety, $r = 0.47$ for depression and $r = 0.57$ for stress.

Parents' perceptions of children's behavior. Throughout participation in the program, parents qualitatively reported that their children were experiencing a school performance

drop due to remote learning, children becoming demotivated regarding school activities and learning process. Greater occurrence of behavior problems and emotional issues were also reported and raised parent's perceptions of children's irritability, aggressiveness, and anxiety. Participation in the intervention was associated with changes in parental reports of children's behavior as increased levels of prosocial behavior ($r = 0.32$) and decrease in total number of behavior problems ($r = 0.40$) (Table 4).

Parents' perceptions of parenting styles. Participation in the program was not associated with significant differences in parenting styles (Table 4).

User-satisfaction questionnaire. In general, parents self-assessed positively their participation in the program. Parents reported positive effects of the program, with scores above neutral in the following domains: change in behavior; improvement in the relationship with the child; changes in parenting practices; improvement in routine; and acquisition of behavioral management tools (Table 5). Perceptions of difficulties during the process were below the neutral score. All participants considered the online modality similar to or better than face-to-face modality and would recommend the program to other families. The intervention material, implementation and schedule obtained scores close to the maximum.

Table 4. - Wilcoxon test analyzes of participants' performance in the pre-and post-test on DASS-21, SDQ and PSI measures.

	Variable	Pretreatment Mean (sd)	Posttreatment Mean (sd)	Wilcoxon Z score	p	r
DASS-21	Depression	11,76(9,23)	7,60(7,32)	-3,35**	0,001	0,47
	Anxiety	10,04(9,12)	6,20(7,12)	-3,48**	<0,001	0,49
	Stress	21,52(10,81)	15,88(8,38)	-3,94**	<0,001	0,56
SDQ	Prosocial scale	7,78(1,94)	8,26(1,56)	-2,14*	0,036	0,30
	Hyperactivity scale	6,26(2,34)	5,88(2,60)	-1,75	0,084	-
	Emotional problems scale	4,32(2,32)	4,00(2,15)	-1,4	0,165	-
	Conduct problems Scale	2,54(1,94)	2,42(1,77)	-0,476	0,651	-
	Peer problems scale	2,56(2,32)	2,22(2,11)	-1,739	0,086	-
	Total difficulties score	15,68(6,02)	14,52(5,95)	-2,526*	0,013	0,36
PSI	Positive Monitorly	10,80(1,16)	10,72(0,97)	-0,3	0,776	-
	Moral Behavior	10,38(1,29)	10,36(1,34)	-0,16	0,884	-
	Inconsistent Punishment	3,34(1,72)	3,04(1,71)	-1,44	0,154	-
	Negligence	2,74(1,80)	2,52(1,67)	-0,98	0,342	-
	Relaxed Discipline	2,32(1,46)	2,20(1,70)	-0,79	0,442	-
	Negative Monitoring	5,72(1,85)	5,48(1,88)	-1,26	0,210	-
	Physical Abuse	2,08(1,96)	1,78(1,85)	-1,59	0,114	-
	Total	4,98(5,92)	6,06(5,57)	-1,42	0,159	-

Note: sd = Standard deviation, * $p < 0.05$; ** $p < 0.001$, r = effect sizes.

Table 5. - Means of each item evaluated in the consumer satisfaction questionnaire.

Variable	Mean (sd)
Have you been able to observe changes in your child's behavior after the intervention program?	3.48(1.09)
Have you been able to observe an improvement in your relationship with your child after the intervention program?	3.92(0.83)
Were you able to observe changes in your parenting practices after the intervention program?	3.88(0.98)
Have you been able to observe an improvement in your family's routine after the intervention program?	3.18(1.26)
Did you have any difficulties during the intervention process?	2.32(1.25)
What grade would you give for your participation in the proposed activities to be carried out at home?	3.72(0.83)
Do you think the tools learned during the intervention were useful to you?	4.70(0.54)
How would you rate the program's schedule?	4.58(0.64)
How would you rate the material presented on the program?	4.82(0.44)
What grade would you give the therapist for conducting the group?	4.50(0.73)

Note: sd = Standard deviation.

DISCUSSION

Preliminary results were reported of an internet-based synchronous parent psychoeducation and counseling program focusing on school homework supervision. The goals of the program were to help parents cope with school activities of their children at home amidst the COVID-19 pandemic, eventually helping to improve parent-child relationships. Participation in the program was associated with improvement of parents' mental health indices tapping on anxiety, depression- and stress-related symptoms. Parents also reported an increase in prosocial behavior and a reduction of problematic behaviors in children. These preliminary results suggest that this kind of program could be feasible, and its efficacy and limitations deserve further investigation.

The COVID-19 raised interest in remote health care, including psychological counseling for families and parents (Lebow, 2020; Novianti & Garzia, 2020; Russell et al., 2020). Worldwide, several academic-based psychology clinics adapted their services to the online modality (Neufeld et al., in press). There are reports of successful parent training and counseling programs that were adapted to the pandemic context (Wade et al., 2020).

Internet-mediated intervention programs are not merely a transposition of face-to-face interventions (DuPaul et al., 2018; Lebow, 2020). WebParents adopted the previously presented recommendations by Fogler and coworkers (2020) to adapt parent counseling and training programs to the remote modality. WebParents was designed on solid and well-researched cognitive-behavioral principles. Efforts were expended to ensure that all participants benefit from the group online sessions. During WebParents sessions, special attention was delivered to personal relationships and group cohesion. Active engagement was continuously reinforced.

Strategic questions were used to promote group discussion and all participants were invited to take an active role. Specific questions from participants were reformulated and redirected to the whole group, ensuring an active role by all participants. Shared experiences among participants were highlighted, eliciting group discussions, and reinforcing connection between the participants. In addition, a previously scheduled session structure and visual prompts were used to ensure follow-up in case of internet connection problems. In the rare occasions in which the therapist's connection failed temporarily, previous content was resumed after restoring the connection.

Participants received guidance on how to access the internet platform, how to previously design a private and quiet room, and to use headphones. It was required that participants kept their web cameras on during the whole session. A therapeutic contract was agreed between participants and the therapeutic team at the program start. Efforts on establishment of a collaborative and clear therapeutic contract were also essential to good functioning of the group therapy and when the sessions were held in a virtual environment (Neufeld & Godoi, 2014; Neufeld & Rangé, 2017; Vaimberg & Vaimberg, 2020). Although the adoption of two sessions in the same week is not common in other interventions, Neufeld and colleagues (in press) found positive results with this approach during the pandemic.

Participants were asked to keep the web cameras on, helping therapists to interpret nonverbal reactions. Parental reports were summarized from time to time by therapists to demonstrate interest and validate speakers' emotion and difficulties. During the sessions, the display was kept in the gallery mode, ensuring an overview of all participants. Therapists were constantly attentive to raised hands by the participants. Individual gains by each participant were highlighted and reinforced.

The main complaints that motivated the participants to seek help were those associated with the impacts of the pandemic on the family's daily life, such as the increase in conflicts at home and the difficulties in managing the routine in the face of lockdown. Many parents also reported a drop in school performance of children due to remote learning, greater occurrence of emotional dysregulation (irritability, aggressiveness, crying, anxiety, etc.) and maladaptive behavior in children. Similar difficulties and concerns have already been presented in survey studies about the impacts of COVID-10 pandemic on families (Adams et al., 2021; Greco et al., 2021; Grossi et al. 2020).

In general, effect sizes in the present study were moderate for parents' mental health perceptions, approximately $r = 0.5$. Furthermore, parent perception of children's behavior improved with significant results on prosocial increasing and reducing conduct behavior, presenting low effect size. Results are similar to those observed in previous studies using online and face-to-face interventions (Flores et al., 2020; Guisso et al. 2019; DuPaul et al., 2018; Thongseiratch et al., 2020). A meta-analysis of online intervention analyzed 127 effects sizes of 27 parenting interventions and indicated more prevalence of low and moderate rates (Spencer et al., 2020).

Attrition rates were similar to those reported in the literature with face-to-face interventions (Benedetti et al., 2020; Guisso et al. 2019). In the present study, 75% of participants attended five out of six sessions. Only 11% of participants dropped out of the program after it started. The sixteen parents who dropped out of the program reported more behavior problems in their children. Some studies have already demonstrated that the severity of children's problems perceived by parents can be a factor that increases the chances of therapy abandonment (Baker et al., 2011; Kazdin, 2005).

No changes in parenting practices were found after the intervention. This result differs from the findings of PROPAIS I and II programs (Neufeld et al., 2018; Neufeld & Maehara, 2011; Russo et al, 2020). Although the development of parenting practices was expected, it is noteworthy that WebParents focused on more specific practices regarding the parents' involvement in school activities. Furthermore, the participants did not present high scores in negative parenting practices, as was the case in the PROPAIS sample. Finally, the different contexts in which the two interventions were applied would also explain the divergent results.

All participants assessed the online intervention as similar or better than the face-to-face one, and none of them reported it worse. These results contribute to the growing interest in virtual services during the pandemic (Roos et al., 2021; Wade et al., 2020). In Brazil, the number of families without quality internet access is still high. (Cunha et al., 2020). So, only families of the higher socio-economic and educational strata participated in the study. The number of participants investigated does not allow to make inferences regarding the effects of sex and age/grade. Technical problems related to intermittency of in-

ternet signal, and even drop of electric power on a few occasions interfered with the program application. Although participants were asked to keep web cameras on, the online intervention made it difficult for the therapists to adequately assess nonverbal reactions of parents during the sessions. Around 10% of parents were resistant to turning their web cameras on.

One important limitation of the present study is the pre-post design with no comparison group. Thus, results may not be necessarily attributed to participation in the program. Other limitations are related to sample size and selection bias towards higher socioeconomic status. Further investigations with larger samples, more diverse socioeconomic background of participants and control groups are required.

Although the focus of the intervention was not on developmental disorders and children with formal diagnoses were not included, only 24% of the participants did not report behavior or learning difficulties. This suggests that these individuals did not have previous access to mental health systems and/or that subthreshold symptomatic manifestations may also induce parents to seek help.

Overall, results suggest that the internet-based synchronous psychoeducational parent counseling program is a viable intervention option. It remains to be investigated the role of this kind of remote intervention after the end of the pandemic.

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