

Exploring the methodology to assess the influence of self-compassion education and training for parents and families: A Protocol for a Systematic Review

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Abstract

Background: Several studies have discussed the importance of self-compassion in reducing anxiety, stress, and negative emotions for oneself. However, little research has been undertaken regarding the effectiveness of including self-compassion and outcomes for parents and their children.

Aim and objective: To examine and explore the research evidence for the influence of self-compassion education and training upon parents and families.

Methods: This systematic review will utilize the Joanna Briggs Institute (JBI) systematic review methodology. A three-stage comprehensive search of at least five electronic databases including Medline, Embase, PsychoInfo, Emcare and Cochrane library, as well as Grey literature, will be conducted. Two independent reviewers will review the title and abstract of each paper to determine inclusion; all included papers will be appraised using the standardized critical appraisal instruments for evidence of effectiveness developed by JBI. This review will consider studies that include parents, mothers, fathers, family/families and expectant parents. Studies investigating education or training will be included, i.e., programs, workshops, seminars or sessions provided by all health care professionals/health and social workers/counsellors, psychologists, nurses, midwives, meditation practitioners, and mindfulness trainers. In addition, this review will consider studies that evaluate or measure any type of self-compassion education or training, i.e., programs, workshops, seminars, sessions targeted for parents, mothers, fathers, family/families or expectant parents. Self-compassion education or training may be provided face-to-face, one-to-one, group work, webinar, digital or online, programs, workshops, parental education classes or simulation classes, seminars, sessions.

This review will include any randomized controlled trials, quasi-experimental studies, cohort studies and case-controlled studies, before and after studies, and mixed-method studies. Studies will only be considered if they include the following outcome measures: measuring self-compassion (self-kindness, common humanity, mindfulness), fear of compassion and any outcome for health and wellbeing of parents/families, and these will be reported in a column in the summary table of all included studies.

Results: The review outcomes will be reported on both continuous and dichotomous scales, where possible findings will be pooled for reporting using JBI tools.

Conclusions: The findings of this systematic review will guide further research on developing, designing, facilitating and evaluating self-compassion education and training programs, workshops, sessions for parents and families.

PROSPERO registration:

This systematic review title is registered at the International Prospective Register of Systematic Reviews: CRD42021225021.

Keywords:

Self-compassion, Education/training, Parenting, Mothers, Fathers, Families, Effectiveness, Systematic review protocol.

Introduction

Background

Self-compassion is not a new concept, and it has been embedded in Buddhist philosophy and meditation and practised for over 2500 years. However, over the last two decades, Western societies [1, 2] has focused on self-compassion as an important component for self-care and relationship with oneself and defined this concept as: "being touched by and open to one's own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one's suffering and to heal oneself with kindness. Self-compassion also involves offering non-judgmental understanding to one's pain, inadequacies and failures, so that one's experience is seen as part of the larger human experience." [1, P. 87]

A collective definition of self-compassion was discussed before by Strauss and her colleagues "a cognitive, affective, and behavioural process consisting of the following five elements that refer to both self and other-compassion: 1) Recognizing suffering; 2) Understanding the universality of suffering in human experience; 3) Feeling empathy for the person suffering and connecting with the distress (emotional resonance); 4) Tolerating uncomfortable feelings aroused in response to the suffering person (e.g. distress, anger, fear) so remaining open to and accepting of the person suffering; and 5) Motivation to act/acting to alleviate suffering" [3, P. 19]. However, the recognition and awareness that being kind and compassionate to yourself are often overlooked as a self-care strategy [4].

Previous studies have highlighted the importance of self-compassion for individuals' wellbeing [5-8]. These studies suggested further investigating the relationship between self-compassion and the different forms of wellbeing [5]. For example, self-compassion has been reported to be associated with improved sleep patterns and resilience [9].

Several studies have discussed the importance of self-compassion in reducing anxiety, stress, and negative emotions, such as depression [1, 2, 7, 10]. It has been reported that individuals with high levels of self-compassion are less likely to experience negative emotions [7, 10]. A person who has the ability to have self-compassion is more inclined to have good interpersonal relationships and experience a greater sense of self-worth and happiness [11]. Furthermore, self-compassion is an important factor in maintaining psychological health, as previous studies showed that self-compassion could act as a buffering against negative feelings [12] and promote resilience [13]. Therefore, recommendations by researchers have been voiced about the importance of implementing interventions to enhance a person's ability to give and receive compassion [4, 14, 15].

It is acknowledged that early parenting, significantly influences the health and wellbeing of children [16]. Disruptions in early childhood relationships such as lack of attachment, bonding or poor interactions have been shown to have negative long-term health and wellbeing outcomes across the lifespan [17]. In addition, there is a relationship between parenting styles and children's levels of empathy and caring. A study concluded that self-reported empathy during adulthood was positively related to maternal warmth and support during childhood [18]. However, little research has been undertaken regarding the effectiveness of including self-compassion and outcomes for parents and their children [16].

Description of the intervention

It is argued that the 'third wave' of cognitive behavioural therapies have a positive effect in the therapeutic process than the existing cognitive behavioural therapy tools [19]. These cognitive behavioural therapies are Acceptance and Commitment Therapy (ACT), Dialectical Behavioural Therapy (DBT), Mindfulness-Based Cognitive Therapy (MBCT), and Compassion Focussed Therapy (CFT).

There is some evidence that using therapeutic approaches to increase an individual's self-compassion is an effective intervention to improve parent and child wellbeing and mental

health with a range of populations [16, 20, 21]. Additionally, evidence supports the acceptability and utility of self-compassion resources and using self-compassion focused therapy (CFT) to support mothers' wellbeing in the first years of their baby's life [22]. Compassion-focused therapy utilizes an integrated approach underpinned by core motivation and emotion systems and cognitive competencies to be supportive, kind, and understanding to yourself and others [23]. The use of meditation and mindfulness may be beneficial to enhance self-compassion. There is substantial literature to support the calming and relaxation benefits of meditation and mindfulness for health and wellbeing as a self-care strategy [24, 25].

Emerging evidence from several studies demonstrates a positive correlation between high levels of self-compassion and low levels of anxiety, stress and depression within the general population [26, 27]. Therefore, enhancing parents' ability to develop self-compassion may demonstrate positive health and wellbeing outcomes. Education and training to enable parents to develop self-compassion strategies may be a beneficial intervention.

Why it is important to do a systematic review

Literature analyses show limited evidence about self-compassion and self-care education for parents and families with their children [28, 29]. Additionally, no systematic reviews have assessed the impact of self-compassion education and training, programs, workshops, sessions for parents and families' health and wellbeing when caring for children who are dependent on their parents (under 18 years). Therefore, the findings of this systematic review will be important in establishing the next step of a larger research project on developing a self-compassion education program for parents and families.

Therefore, this systematic review aims to examine and explore the research evidence for the influence of self-compassion education and training upon parents and families.

Methods

Review objectives

- To examine the evidence of any education and training related to self-compassion have been provided for parents and families.
- To explore the influence of providing self-compassion education and training for parents

and families when caring for their children.

Review questions:

1. What is the exist evidence of providing self-compassion education and training on parents and families?
2. What is the influence of providing self-compassion education and training on parents and families?
3. How does self-compassion education and training influence parents and families' health and wellbeing?
4. Does having the ability to give self-compassion assist parents in caring for themselves and their children?

Criteria for considering studies for this review

Inclusion criteria

Types of Population

This review will consider studies that include parents, mothers, fathers, family or families and expectant parents.

Types of interventions

This review will consider studies that evaluate or measure any self-compassion education/training, programs, or workshops, seminars, and sessions targeted for parents, mothers, fathers, expectant parents, or families.

Included studies exploring self-compassion that provide an education or training session by any health professionals and educators (health workers, social workers/counsellors, psychologists, nurses, midwives, meditation practitioners, mindful trainers).

Self-compassion education/training may be provided through face-to-face, one-to-one, group work, webinar, digital or online programs, workshops, parental education classes, simulation training workshops, seminars, and sessions.

Types of outcomes measures

The outcomes: self-compassion measured by any validated or non-validated tools, participants' health, and wellbeing after receiving self-compassion training or education will be included. If

there are findings related to health and wellbeing of children of the targeted population will be included.

Types of studies

The current review will include all types of quantitative and mixed methods studies, which assess the influence or impact of self-compassion education/training provided for parents and families. All types of quantitative studies will be included (e.g., “cross-sectional studies”, “correlational studies”, “randomized control trials” (including cluster, parallel and “cross-over trials”) and “mixed methods” (e.g., convergent, exploratory and “explanatory sequential” and “advanced designs”). Other types of studies, such as systematic reviews and scoping reviews, will not be included; however, they will be considered in the discussion sections. To be included in the review, studies will need to consider the health and wellbeing of parents and families and have one or more outcome measures for self-compassion measured with a self-compassion scale. Self-compassion scales utilized in reviews and conference abstracts will not be included to avoid duplication of data.

Exclusion criteria

This review will exclude studies that focus on 1) mindfulness alone or empathy or meditation, 2) self-compassion education for all other target populations.

Search strategy for identification of studies

A three-step search strategy will be utilized for this review. The first search will consider following an initial limited search of MEDLINE followed by the analysis of the text words contained in the title and abstract and the index terms used to describe articles and retrieve full text if required. A second search using all identified keywords and index terms will then be undertaken across all included databases. Thirdly, the reference list of all identified papers according to inclusion criteria and articles will be searched for additional studies. This review is limited to English language publications. Time restriction for this review will be limited to studies starting from 2000. The MEDLINE search strategy will be translated for other databases using appropriate syntax and vocabulary for those databases (Appendix I).

The databases to be searched include Medline, EMBASE, PsycInfo, Emcare, Web of Science, Scopus, Cochrane Library.

Searching for the unpublished studies through the Grey literature and in press/or ongoing studies will include: Pre-prints and post-prints of articles through (TROVE, Open Grey), Theses and Dissertations (ProQuest), Google Scholar, Self-compassion websites.

The following trial registries will be searched for the ongoing and completed trials include Clinicaltrials.gov, MetaRegister of Controlled trials – controlled-trials.com, WHO clinical trial.

A hand search will be undertaken by searching through the reference list of the included studies. Additionally, the search may involve searching indexes of journals that may be likely to publish articles related to the questions, such as parenthood journal and motherhood and disability journal. Initial keywords to be used for the review are explained in (table 1). Reference lists of eligible studies will also be checked.

Table 1: Keywords will be used in search

Participants	<ul style="list-style-type: none"> - (parent* or mother* or father* or expectant parents, family and families) - The education provided by all registered health professionals/educators (health and social workers* or counsellors* or Psychologist*)
Intervention	<ul style="list-style-type: none"> - ("self-compassion" OR "self-kindness" OR "self-regard" OR "self-worth" OR "self appreciation") - Education in a form of face-to-face, one-to-one, group work, webinar, digital or online programs, training, workshops, parental education classes or simulation, training workshops, seminars, sessions.
Outcomes	<ul style="list-style-type: none"> - Self-compassion measured by any validated or non-validated tools or scale. Health and wellbeing of parents and families.

Study Selection

Title and abstract screening

Following the search, all identified citations will be collated and uploaded into EndNote software and duplicate removed, and then all identified article citations will be uploaded into

Covidence software. Two independent reviewers will then screen titles and abstracts for assessment against the inclusion criteria for the review.

Full-text screening

The full text of selected studies will be retrieved and assessed in detail against the inclusion criteria. Full-text studies that do not meet the inclusion criteria will be excluded, and reasons for exclusion will be provided in an appendix in the final systematic review report. Included studies will undergo a process of critical appraisal. The search results will be reported in full in the final report and presented in a Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram for systematic reviews which included searches of databases, registers and other sources [30]. Any disagreements that arise between reviewers will be resolved through discussion with a third reviewer.

Data extraction

Data will be extracted from papers included in the review using the standardized or modified data extraction tool from the JBI Meta-Analysis of Statistics Assessment and Review Instrument (JBI-SUMARI) by two independent reviewers [31]. Phase1 data extraction will include specific details about the citation, study design and methods, setting/context, population characteristics, intervention, comparator relevant to the review question and specific objectives then, findings and discussion will be extracted. Phase 2 will involve extractions of results as the type of outcomes related to review questions and type of results as dichotomous or continuous. Any disagreements between the reviewers will be resolved through discussion, and consensus will be agreed upon.

Critical Appraisal

Selected studies will be critically appraised by two independent reviewers for methodological quality in the review using standardized critical appraisal instruments from the Joanna Briggs Institute Meta-Analysis of Statistics Assessment and Review Instrument (JBI-MASARI) for the identified studies such as JBI critical appraisal checklist for quasi-experimental studies, randomized controlled trials or cross-sectional studies [32]. Any disagreements that arise between the reviewers will be resolved through discussion or with a third reviewer. Following critical appraisal, studies will be categorized according to JBI level of evidence [33]. The

results of the critical appraisal will be reported in narrative form and a table.

Data synthesis and meta-analysis

The method for data analysis depending on the data type; continuous data will calculate the mean difference and 95% confidence interval and be reported on the original scale for each study, if possible. If studies use different scales, these will be combined, and the standardized mean difference will be calculated if the mean and standard deviation are available.

Dichotomous data will be presented using Relative Risk and Odds Ratio with a 95% confidence interval for each study. The outcomes will be reported on both continuous and dichotomous scales. When possible, findings will be pooled for reporting using System for the Unified Management of the Assessment and Review of Information (JBI SUMARI) with the meta-analysis approach to determine a summary effect estimate. The effect can be estimated differently; therefore, relative risks or odds ratios and the weighted mean difference will be calculated. If the results are reporting significant changes and are available for Meta-analysis, this can be carried out if studies included in the review are sufficiently statistically homogeneous.

Narrative synthesis

When meta-analysis cannot summarize the evidence or knowledge, the findings will be explained in narrative text format and summary tables.

Assessment of heterogeneity

After estimating the effect measure, examining the degree of similarities and dissimilarities in the outcomes of studies through comparing characteristics such as content and methodological heterogeneity to determine the availability of meta-analysis, will be undertaken. When homogeneous studies producing similar results are identified, explaining the findings in a narrative format will be conducted. If meta-analysis seems to be appropriate, it will need to assess the statistical heterogeneity by inspecting forest plots and through the I^2 test.

Results

Preliminary results using Medline retrieved 1492 results. It is anticipated that all review stages

will be completed by November 2021, and results will be disseminated through peer-review publication in early 2022. Results will include specific details about study design, location, populations included and characteristics, and details of self-compassion education/training findings, limitations and recommendations. Findings will be categorised based on similarities of education and training.

Discussion

It is anticipated that this systematic review will provide a summary of the evidence exists about any education and training related to self-compassion for parents and families and to assess the impact of self-compassion education/training programs used for their health and wellbeing. The review findings will guide further research on developing, designing, facilitating and evaluating self-compassion education and training programs, workshops, sessions for parents and families to improve their health and wellbeing.

Acknowledgements

The authors would like to acknowledge the academic librarians At UniSA for their assistance and support in the databases search for the systematic review protocol.

The authors would like to acknowledge the UniSA Sansom Institute, healthy families for a healthier relationship, for funding this systematic review protocol.

Conflicts of Interest

There are no conflicts of interest to declare.

Abbreviations

ACT	Acceptance and Commitment Therapy
CFT	Compassion Focussed Therapy
DBT	Dialectical Behavioural Therapy
JBI	Joanna Briggs Institute
JBI SUMARI	System for the Unified Management of the Assessment and Review of Information

JBIMAStARI	Joanna Briggs Institute Meta-Analysis of Statistics Assessment and Review Instrument
MBCT	Mindfulness-Based Cognitive Therapy
PROSPERO	The International Prospective <i>Register</i> of Systematic Reviews
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses

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