



From Distress to Growth: A Pragmatic Case Study Exploring a Father's Change Mechanisms in a Parenting Program

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RESEARCH

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ABSTRACT

Despite the general perception of parenthood as joyful and fulfilling, the demands of child-rearing can be challenging for parents' mental health. Although parenting programs have been proposed as effective strategies for improving parenting practices and mental health, less is known about the change mechanisms that drive their outcomes. Therefore, using a pragmatic case study approach, this study examined the change mechanisms of a father who participated in the ACT-Raising Safe Kids Program. The case was analyzed with a session-by-session clinical analysis, a post-intervention interview, and questionnaire data. The case was further situated within a broader sociocultural context to explore how societal factors shaped his experience with the program. Results indicated clinically significant improvements in mental health and emotion regulation from pre-intervention to follow-up. As reflected in the clinical analysis, the participant moved from being highly distressed at pre-intervention to gradually understanding and reframing his emotions and behaviors after program completion. Although Philippe showed a clinically significant reduction in loneliness at post-intervention, the scores reverted to baseline by follow-up. These findings may reflect a broader societal trend in which parents may need more support but receive less due to the increasing individualization of society, highlighting the need for stronger community ties and accessible support systems for parents.

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For many parents, children are a source of great happiness in their lives (Hansen, 2012). However, despite the general perception that parenthood is joyful and fulfilling, parents also face numerous challenges in child-rearing that may be difficult to manage (Nelson et al., 2014). Although the majority of parents eventually cope with these difficulties, they may also perceive parenthood as a major stressor, as they may experience sleep disturbance, increased stress, declined marital satisfaction as well as changes in daily routines and the self-concept (Nomaguchi & Milkie, 2021). Because of these changes, the early stages of parenthood are characterized by an increased risk for the onset and recurrence of mental health problems. For instance, postnatal depression, a mental disorder characterized by the onset of depressive episodes after childbirth, is a common condition affecting approximately 17.2% of women globally (Wang et al., 2021). Furthermore, due to the practical and emotional demands of raising a child, parents generally report high levels of parenting stress (Naerde & Hukkelberg, 2020).

Furthermore, parents are expected to be fully devoted to their child's healthy development by shaping their behavior and well-being, their future successes, intellectual growth and overall personality (Hays, 1996). While these expectations are intended to enhance parental investment and promote children's well-being, the significant pressures they create may only intensify perinatal vulnerabilities (Wall, 2010). In fact, when parents feel pressured to be a perfect parent, they also report more guilt, lower parental-self efficacy, higher parenting stress, as well as suboptimal parenting practices (Glatz & Buchanan 2021; Lamprianidou et al., 2025; Meeussen & Van Laar, 2018). If such symptoms persist and become chronic, parents may be more at risk for parental burnout (Mikolajczak & Roskam, 2018). Parental burnout is a condition characterized by four main symptoms: intense exhaustion related to parenting, emotional distancing from one's children, and a loss of parental fulfillment, and no longer recognizing oneself as the parent one used to be or wanted to be (Mikolajczak & Roskam, 2020). It is associated with serious mental and physical consequences for parents themselves, as well as adverse outcomes for children, including more frequent neglectful and violent behaviors toward children (Mikolajczak et al., 2019).

For many years, research has focused mostly on maternal mental health, since mothers are typically considered to be the principal caregiver for a child (Douglas & Michaels, 2004). However, the current "fatherhood culture" has redefined the father role from being considered solely as a breadwinner and disciplinarian, to an involved father who should also spend more time with his children (Faircloth, 2014). Indeed, the current culture of fatherhood is characterized by the expectation that men should be highly involved

in parenting, contribute time to housework, and be an engaged and equitable spouse or coparent (Gerson, 2010). The transition to fatherhood also requires significant adaptations and fathers may therefore experience challenges similar to those experienced by mothers (Gemayel et al., 2018). For instance, studies have indicated that the transition to parenthood represents a stressful and anxious experience for fathers as well, with a prevalence of postnatal depression of 8.4% (Cameron et al., 2016). Furthermore, fathers may also experience pressure to be perfect parents, and, similar to mothers, this pressure may be associated with suboptimal outcomes (Venard et al., 2024). Therefore, in this study, we present a case study of a father who experienced significant distress during the early years of parenthood, and who sought support and empowerment through a group-based parenting program.

BEING A PARENT IN AN INDIVIDUALIZED SOCIETY

There is sound evidence suggesting that social support is an important protective factor for coping with mental health difficulties that may arise during parenthood (Milgrom et al., 2019). Nonetheless, early parenthood is often experienced as a period of isolation, with loneliness scores ranging from 32 to 42% among parents (Kent-Marvick et al., 2022). Moreover, parents' mental health vulnerabilities and feelings of isolation may be more common today—with changes in technology, the fast pace and individualization of modern life, and decreases in informal support, including their own parents, relatives or friends (Plantin & Daneback, 2009; Santos et al., 2017).

In this respect, research indicates that today's parents more often turn to the internet and social media to obtain information and interact with others to compensate for these lower levels of experienced support from their social network (Lupton et al., 2016; Plantin & Daneback, 2009). While online social support can be beneficial for some parents, in-person support is generally more effective in alleviating mental health issues, such as anxiety or depression (Meshi & Ellithorpe, 2021). Indeed, in-person support provides unique advantages that online platforms might not entirely be able to replicate, such as practical assistance, immediate feedback and empathic understanding. Thus, although the saying "it takes a village to raise a child" remains relevant, the villages today seem increasingly dispersed and fragmented, as individuals are increasingly isolated and less inclined to seek support or provide help to others (Reupert et al., 2022). This individualization is intertwined with a neoliberal rationality—which emphasizes self-reliance, risk-control, and self-management, while prioritizing personal responsibility over the social support of families (Wall, 2004). From this perspective, raising children is

increasingly viewed as the personal responsibility of individual parents, rather than as a collective endeavor in which child-rearing is shared by the broader community (Nunes et al., 2021).

However, to support parents with child-rearing difficulties and to normalize the struggles they may face in daily life, parenting support through parenting programs has been proposed as an effective strategy (Niec et al., 2016). Although the goal of parenting programs is mainly to promote changes in parenting behaviors, they also may indirectly reduce parents' mental health problems (Barlow et al., 2012; Mathijs et al., 2024).

PARENTING PROGRAMS AS A PROTECTIVE FACTOR FOR PARENTING DIFFICULTIES

Parenting programs generally aim to enhance parenting behaviors in order to optimize parent and child mental health (Gardner & Leijten, 2017). Specifically, they rely on the assumption that parents are active agents who can reduce children's behavioral problems by optimizing their own communication and behaviors. There is substantial evidence for the effectiveness of parenting programs to improve parenting behaviors, parental mental health, and child outcomes (e.g., Furlong et al., 2012). Some well-known examples are the Triple P-Positive Parenting Program (Sanders et al., 2002), the Incredible Years Program (Webster-Stratton, 2005), and the Parent Management Training-Oregon Model (Forgatch & Patterson, 2010). Although each parenting program has its own unique features, they all share a common theoretical basis and are predominantly grounded in operant and social learning theory principles that explain how children's behavior evolves through differential attention and observational learning (Bandura, 1977). They primarily aim to break coercive cycles between parents and children and to enhance the parent-child relationship. They do so by providing information regarding child development, as well as encouraging parents' use of positive reinforcement, parental modeling, and promoting the use of non-violent discipline (Patterson, 1982). Extensive research has indicated that such parenting programs are effective in preventing and treating child disruptive behaviors (Leijten et al., 2016), improving parenting knowledge, parenting practices and parent-child interactions (Jeong et al., 2021), and parental mental health (including parenting stress and depressive symptoms; Tehrani et al., 2024; Weber et al., 2019).

Parenting programs can be offered in various delivery formats, such as through individual sessions (e.g., Thomas et al., 2017), online (e.g., Spencer et al., 2020), or in group settings (e.g., Magalhães & Knox, 2021). While these different delivery formats are effective in

enhancing parenting behaviors, group-based programs offer a distinct approach by allowing parents to connect and share experiences with one another in a group-setting. Indeed, a recent meta-analysis indicated that both group-based and individual programs significantly improved child behavior management and parenting stress, although parents' depressive symptoms improved only in group-based programs (Mathijs et al., 2024). These findings suggest that group-based programs may allow parents to exchange with others who may share similar difficulties in a non-judgmental setting, which may help reduce the stigma of parenting difficulties (Niec et al., 2016). The Adults and Children Together- Raising Safe Kids program (ACT Program) is one of such group-based parenting programs that aims to promote safe, stable, and nurturing relationships between caregivers and children (Silva, 2011).

THE ACT-RAISING SAFE KIDS PARENTING PROGRAM

The ACT Program is a universal, evidence-based violence prevention program developed by the Violence Prevention Office of the American Psychological Association (APA) that is designed to strengthen families and to prevent child maltreatment. The program focuses on parents and caregivers of children from birth to 10 years old. It consists of a pre-intervention meeting and eight two-hour group sessions held weekly. The sessions are highly interactive and use didactic instruction, role play, and activities to share information and skills (Knox et al., 2010). Based on Bandura's social learning theory (Bandura, 1977), the program aims to enhance parenting behaviors by covering the following content: (1) *Child Development and Behaviors*, focusing on disseminating information about children's developmental stages, and the behaviors that are considered appropriate for each developmental stage; (2) *Violence Prevention*, addressing different types of violence against children and associated risk factors, and exploring various protective strategies to prevent violence; (3) *Emotional and Behavioral Regulation*, including strategies for anger management and other emotions, calming-down strategies, emotion support, recognition, and understanding, as well as social problem-solving skills for both parents or caregivers and children; (4) *Electronic Media*, aimed at informing parents about the effects of exposure to (violent) media and how this may affect children, and introducing strategies to monitor screen time; (5) *Positive Discipline and Parenting Styles*, including an overview of different parenting approaches and positive discipline strategies and (6) *disseminating knowledge* about the ACT Program to family members and the community (Silva, 2011).

There is sound evidence for the effectiveness of the ACT Program in enhancing parenting behaviors, such as reducing harsh parenting and increasing the use of positive discipline techniques, improving anger

management, and increasing knowledge regarding child development, as well as reducing child behavioral problems and improving prosocial behavior in children (Altafim et al., 2023). Similar to other group-based parenting programs, it also tends to have positive effects on parental mental health, such as decreased parenting stress and depressive symptoms (Lawrenz et al., 2021).

A PRAGMATIC CASE STUDY: BRIDGING THE GAP BETWEEN RESEARCH AND CLINICAL PRACTICE

Although numerous randomized controlled trials support the effectiveness of parenting programs and provide valuable information regarding program outcomes, they often fail to capture the in-depth, contextual, and developmental aspects of interventions that are crucial for clinical practice (O’Cathain et al., 2013; Wampold, 2015). To address this gap, more diverse research methods are needed to gain a deeper understanding of the contexts and mechanisms involved in parents’ experiences with parenting programs. Therefore, we conducted a pragmatic case study to gain detailed insight into how mechanisms of change may unfold for a father participating in a parenting program. The pragmatic case study method, which is grounded in the mixed-methods model in the social sciences, seeks to integrate qualitative and quantitative research designs and data (Fishman, 2013). Such an approach allows for a detailed exploration of cases that represent exceptions to general patterns (Råbu & Binder, 2025). Because parenting programs are predominantly attended by mothers, the experience of fathers—who are often underrepresented—may diverge in meaningful ways (Freeman, 2022). Furthermore, it integrates qualitative and quantitative research data by combining clinical analyses with independent measures of both the processes and the outcomes of a participant (Fishman, 2013). It is characterized by its rigor and systematic approach, making it particularly useful for clinical applications. Overall, this approach offers valuable insight into the lived experiences of a complex case and may serve as a bridge between research and practice as it allows to integrate theoretical knowledge with practical implications (Råbu & Binder, 2025). Indeed, the gap between research evidence and its application in clinical practice remains an important challenge in intervention science (Joyce & Cartwright, 2019).

THE PRESENT STUDY

The aim of this pragmatic case study is to explore a father’s mechanisms of change unfolding in a group-based parenting program. Following Fishman’s pragmatic case study method (2013), the case of a distressed

father, Philippe, was analyzed using the post-intervention interview and a session-by-session clinical analysis. The clinical analysis was further completed using quantitative data obtained through self-reported questionnaires at the session-by-session, pre-intervention, post-intervention, and follow-up level. Both clinical and quantitative data were then articulated to create an integrated view of Philippe’s change mechanisms throughout the program. Furthermore, through a socio-constructivist lens, we further aimed to explore how the participant’s experiences with the program were embedded within and shaped by the wider sociocultural context (Creswell & Poth, 2016). In other words, the present case study focused on both the clinical dimension as well as on the sociocultural dimension in order to obtain a more complete understanding of the participant’s lived experiences.

METHOD

CASE DESCRIPTION

Among the five participants who participated in the program, the case of Philippe (pseudonym) was purposefully selected based on the participant’s improvements observed in both the pre-to post questionnaire data and throughout the discussions in the sessions. Indeed, Philippe demonstrated notable improvements in parenting behaviors and parental mental health throughout the sessions, offering an opportunity to better understand the processes and mechanisms contributing to successful program outcomes. Furthermore, a father was selected due to the underrepresentation of fathers in such programs (Freeman, 2022).

Philippe is a 38-year-old Belgian, Caucasian man from a middle-to-high socioeconomic background. He is married to a woman, with whom he has a three-year old son. He discovered the program through a flyer at his son’s daycare and decided to participate due to the parenting difficulties he was facing. Philippe reported in the pre-intervention questionnaire that the birth of his son was accompanied by a profound sense of loss of control and disorientation. His child was born during the COVID-19 pandemic, which limited access to familial and social support. In addition, his son suffered from health issues that remained undiagnosed until the age of one year. During this period, his partner experienced postpartum depression and considerable difficulties related to breastfeeding. Philippe took up a greater caregiving role to compensate, which he reported as physically and emotionally demanding, ultimately contributing to a severe parental burnout that required him to stop working. Since then, Philippe has attempted to develop a closer relationship with his son but continued to experience difficulties. He also described a

limited social network with few peers who have children, contributing to feelings of isolation.

Philippe reported differences in parenting approaches between himself and his wife which often created tension in the relationship. He described himself as more prone to worry and fear in response to certain child behaviors, whereas his wife appeared more able to remain calm and maintain emotional distance in situations that triggered anxiety in him. At the start of the program, Philippe described his relationship with his child as characterized by severe disruptive behaviors on the part of the child and frequent angry reactions on his own part. He reported difficulties managing his anger and expressed dissatisfaction with the way he responded to his child's behaviors, while feeling uncertain about how to regulate his emotions differently. He experienced high levels of stress and feelings of hopelessness, felt fed up with parenting, and reported difficulties that pertain to dimensions of parental burnout. Motivated by these challenges, he decided to participate in the program in the hope of gaining practical strategies to better manage his parenting difficulties. At the time of the program, he was still not professionally active due to parental burnout, for which he was receiving treatment from a psychologist with a psychoanalytic orientation. Philippe was the only father in a group with four mothers.

PROGRAM DESCRIPTION AND PROCEDURE

This study was part of a larger study exploring the impact of the ACT Program in Belgium. The program was conducted by the first author, a PhD candidate in developmental and family psychology, a clinical psychologist and certified ACT facilitator, with support from a research intern. Participation in the program was free of charge, and the sessions were held in a community center in Belgium. The sessions took place once per week for two hours (see Table S1 in the Supplementary Material for a description of the program).

The recruitment for the program was carried out through different strategies, including distribution of flyers at schools, daycares and public institutions, and through social media. After receiving consent, parents completed questionnaires at four time points: at pre-intervention, post-intervention, six-month follow-up, and before each session. The data was collected by the first author. After completing the program, parents were invited to participate in a semi-structured interview conducted by the facilitator with questions regarding parents' experiences during the program. A detailed account of the experiences of the other parents who participated in the program has been reported elsewhere (Mathijs et al., 2026). This study was approved by the Ethics Committee of the Université libre de Bruxelles. Identifying information was modified in order to respect confidentiality and ensure anonymity of the participants.

MEASURES

The questionnaires included validated scales and open-ended questions. The pre-intervention questionnaire also included questions regarding socio-demographic information.

Weekly Measures

Parents filled out the weekly measures before each session. The questionnaire was composed of two items measuring emotion regulation and six self-developed items assessing whether parents adopted the parenting strategies addressed throughout the program in the past week. Emotion regulation was measured using two items of the Emotion Regulation Inventory (Roth et al., 2009) measuring emotion dysregulation ("In the past week, when I was angry, I feel I had little control over my behavior") and emotional integration ("In the past week, when I was angry, I tried to understand the reasons"). The questions were adapted to a weekly format and referred specifically to parents' angry emotions. Items measuring parenting strategies included items such as "In the past week, I focused on the good behaviors of my child", and "In the past week, I adapted my behaviors to my child's age". The items were rated on a Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree).

Pre-Intervention, Post- Intervention and Follow-up Parenting stress

Parenting stress was measured using the Parenting Stress Index-Short Form-15 (PSI-SF-15; Abidin, 1990; Luo et al., 2019). The PSI-SF-15 consists of three dimensions each composed of five items: parental distress (e.g., "I often have the feeling that I cannot handle things very well"), difficult child (e.g., "My child seems to cry or fuss more often than most children"), and parent-child dysfunctional interaction (e.g., "Sometimes I feel my child does not like me and does not want to be close to me"). Parents responded to the items on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

Following the Jacobson and Truax method (1991), we computed both the clinical cut-off and the Reliable Change Index (RCI). Using the clinical and nonclinical data of Rivas et al. (2021), we set the cut-off at 1.93. Mean scores below these cut-offs reflected clinical distress. Based on the data of Rivas et al. (2021), the RCI was set at 1.18 for the overall scale, at 1.27 for parental distress subscale, at 0.68 for the parent-child dysfunctional interaction subscale, and at 1.44 for the difficult child subscale. Changes in pre-to post-intervention to follow-up scores equal to or greater than the RCI were considered clinically significant.

Depressive Symptoms

Parents' depressive symptoms were assessed using the Patient Health Questionnaire-9 (PHQ-9; Kroenke et al.,

2001). Each item asks the participant to rate the severity of the depressive symptoms they experienced during the past week. Items are measured on a 4-point Likert scale (0 = not at all, 1 = several days, 2 = more than half the days, 3 = nearly every day) with a total score ranging from 0 to 27. The total score can be interpreted as follows: 0–4 indicates no or minimal depression, 5–9 indicates mild depression, 10–14 indicates moderately severe depression, and 20–27 indicates severe depression.

Loneliness

The short version of the UCLA 3-Item Loneliness Scale was used (Hughes et al., 2004) to measure loneliness. Higher scores indicate a higher level of loneliness. Participants were asked to indicate how often they felt lack of companionship, left out, and isolated on a 4-point Likert scale ranging from 0 (never) to 3 (often). Based on the sample from Narita et al. (2020), we set a clinical cut-off at 5.7 and the RCI at 2.7.

Parental Self-Efficacy

Parental self-efficacy was measured using the Self-Efficacy Subscale of the Me As A Parent scale (Hamilton et al., 2015). The subscale consists of four items and was measured on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The scale includes items such as “I know I am doing a good job as a parent” and “My parenting skills are effective”. Based on data from Hamilton et al. (2015), we set a clinical cut-off at 12.48 and the RCI at 2.9.

Emotion Regulation

Emotion dysregulation was assessed using the Emotional Dysregulation subscale of the Emotion Regulation Inventory (Roth et al., 2009). Items were measured on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Items such as “It’s difficult for me to control my anger and it turns up in ways I don’t like” and “When I am angry, I generally feel I have little control over my behavior” were included. Based on Brenning et al. (2020), the clinical cut-off was set at 4.19 and the RCI at 1.3.

Semi-structured interview

After program completion, the parents were invited for an individual semi-structured interview conducted by the first author of this study. This method was chosen because the parents were familiar with the first author as she was also the program facilitator, which was expected to facilitate openness during the interviews. However, as the interviews were conducted by the first author, social desirability bias cannot be fully excluded. To enhance trustworthiness and reduce this risk, several steps were taken. First, at the beginning of each interview, the interviewer emphasized that the study aimed to explore participants’ personal experiences and encouraged them

to share both positive and negative perspectives, noting that critical reflections were equally valuable. Second, participants were informed that all their responses would remain confidential and anonymized, and that their answers would not affect their participation in the study. In addition, the interviewer adopted a neutral and non-judgmental stance and used open-ended questions to allow participants to describe their experiences freely.

The interviews were recorded and were transcribed by research interns. The interview guide consisted of 10 open-ended questions regarding the parents’ experience with the program (e.g., “*How did you find the program?*”), the group dynamics (e.g., “*What was it like for you to engage in these sessions in a group setting?*”), and changes after program attendance (e.g., “*What kind of changes did you notice in your behavior?*”). The interviews took place in the parents’ home and lasted for 45 minutes on average.

POSITIONALITY STATEMENT

In the context of this study, it is important to acknowledge that the first author is a White Belgian female, with a background in clinical and family psychology. Her professional training and positionality have shaped her understanding of parenting and psychological support, and informed the design, conduct, and analysis of the study. The first author held multiple roles within the research project, acting as group facilitator, interviewer, and researcher. While this positioning provided valuable contextual insights, it also carried the risk of influencing parents’ responses and the interpretation of their narratives. In addition, being part of a research team studying how broader societal factors may shape parenting (including topics such as the pressure to be a perfect parent, intensive parenting, and social capital) further informed the interpretive lens through which the analysis was approached. The data were analyzed by the first and the second authors, with the second author having expertise in clinical and couple psychology. In addition, the first author engaged in ongoing reflexivity through supervision and peer discussions with the second and last authors facilitating critical reflection on assumptions and interpretations throughout the research process.

DATA ANALYSIS

An in-depth evaluation of the case’s change processes was conducted by combining a clinical analysis with independent measures of the process and the outcome. The clinical analysis was carried out by the first author through a detailed, session-by-session, qualitative approach based on notes taken during the sessions. It was further completed with an analysis of Philippe’s semi-structured interview. The quantitative analysis was carried out independently by the second author, a post-doctoral researcher and clinical psychologist. Session-

by-session changes were assessed by comparing first-session baseline scores to scores gathered in subsequent sessions using non-overlapping of all pairs scores (NAP; [Parker & Vannest, 2009](#)). NAP scores represent the proportion of non-overlapping data and allow us to characterize the change processes by describing it as weak (NAP of 0–0.65), medium (NAP of 0.66–0.92), or large (NAP of 0.93–1.0). The clinical cut-offs and RCI were used to identify clinically significant changes on the outcomes from pre-to post-intervention, and to follow-up ([Jacobson & Truax, 1991](#)). After an initial independent analysis, the two authors exchanged to obtain a comprehensive conceptualization of mechanisms of change. For further interpretation of the results, discussions were held with the three other authors. This facilitated the integration of the clinical and the quantitative analyses into a cohesive overview of the case. The research plan of the present case study was not pre-registered prior to the research being conducted, as preregistration is less suited to the exploratory and descriptive nature of this case design. Furthermore, as our study relies on an in-depth single case analysis involving sensitive qualitative material, and as the participant did not provide consent for open data sharing, making the dataset publicly available would raise ethical concerns ([Lamb et al., 2024](#)). Therefore, we did not share the data publicly, but detailed methodological descriptions are provided to ensure transparency.

RESULTS

CLINICAL ANALYSIS

Each session was analyzed and assigned a theme to capture the main processes and dynamics occurring within the sessions and was further completed by a summary of the post-intervention interview. It should be noted that Philippe was absent during the second session.

Introduction session: A distressed father looking for parenting tools

During the introduction session, Philippe explained that he joined the program because he struggled with his role as a parent. His son often had anger outbursts, and Philippe struggled to find effective ways to manage them. He admitted that he often reacted angrily and was unhappy with his own responses. Managing his own emotions and behaviors as well as handling his son's anger outburst were central themes throughout the sessions and were key elements that he explored and worked on during the program. He described his relationship with his son as tumultuous and appeared visibly distressed. However, from the beginning, Philippe expressed hope that his participation in the program would provide him with a better understanding of his son's challenging behaviors and help him to find solutions to his difficulties.

Session 1: Reframing his child's behavior

Philippe described his son's behavior as unmanageable and believed that his son intentionally tested his patience and pushed his boundaries by throwing temper tantrums. During Session 1 on child development, temper tantrums and anger outbursts were presented as common behaviors in young children. Additionally, several parents in the group shared experiences similar to Philippe's, noting that some of their children also showed intense reactions when angry. Through other parents' shared experiences, Philippe realized that many children explore limits by testing parents' boundaries, prompting him to reconsider his son's behavior as neither developmentally inappropriate nor intentional.

Session 3: Putting his own behaviors in perspective

Throughout the previous sessions, Philippe often shared examples of struggling to control his anger in response to his son's misbehavior. After losing control of his emotions, which involved intense yelling, he found it difficult to step away from his child to calm down. He felt that if he took a moment to calm down, he was abandoning his role as a father to discipline his child. In Session 3, the facilitator provided psychoeducation regarding anger management and introduced strategies to regulate emotions. This appeared to have impacted Philippe's understanding of anger, as he tried to apply the theory to the examples he shared during the session. Furthermore, in response to Philippe's story, the group underscored the importance of calming down first, as angry reactions may escalate the conflict. The group discussion and the theoretical framework regarding emotion regulation helped Philippe to realize that his reactions often escalated the situation and contributed to his son's anger. He became more aware of his own behavior and began reevaluating the dynamics between himself and his child.

Session 4: Accepting unpleasant feelings

Whenever his son experienced negative emotions, it triggered intense reactions in Philippe, as he strongly identified with his son's emotions. Because of this, he could not tolerate seeing his child sad or angry, and he would panic whenever these emotions appeared. In Session 4, we discussed why and how children experience anger and how parents can help children to manage their emotions. Building on Session 3, the fourth session helped him further as he listened to other parents share experiences about when and why their children experienced unpleasant emotions. This reassured Philippe that such emotions are normal and should be allowed. Therefore, instead of trying to quickly diminish his son's anger, he calmed down first and allowed the unpleasant emotion to take its course. This avoided him from feeling overwhelmed by his son's behavior and allowed him to respond more adequately.

Session 5: Finding a social network

Session 5 focused on children's screen time. Philippe shared that monitoring screen time was difficult for him, especially since he often let his child watch TV to keep him occupied while doing house chores. He clarified that he could not seek help from his social network for parenting-related matters, as his family lived far away and he could not turn to his friends for parenting support. Furthermore, he expressed that he and his partner often held different views on parenting. While his partner was more comfortable with a flexible approach, Philippe relied more on enforcing rules and expectations. Therefore, when he needed parenting advice, he often turned to online resources, which did not provide him with the help he needed. During the session, he expressed gratitude for the group, as it gave him a space to openly discuss his challenges without fear of judgment or criticism. After the session, the group set up a WhatsApp chat to share parenting information, which became a resource for him throughout the program.

Session 6: Alleviating the pressure to be perfect

During Session 6, parents were invited to reflect on their own, their partner's and their own parents' parenting styles. This exercise highlighted differences between Philippe and his partner, with Philippe perceiving himself as more strict and more involved, while he reported that his partner was more flexible. Similar discrepancies were also reported by another participant, which appeared to foster a sense of normalization and relief, as Philippe recognized that such differences are common across couples and not unique to his situation. Furthermore, Philippe admitted fearing that making mistakes would "mess up" his son. He indicated that this fear creates much pressure, leading to rumination and self-doubt about his abilities as a parent. Philippe mentioned that, based on brief interactions with other parents in his environment, he believed that everyone else was managing well and seemed to enjoy parenting, making him feel like he was the only parent who was having difficulties. Furthermore, when discussing parenthood with other fathers, they often conveyed the idea that being a father meant being strict and disciplining children. This created an internal conflict, as it did not align with his own values. He did not want to rely on strict discipline as expected from him, yet he did not want to be too permissive either and struggled to find an alternative way to set limits for his child. By hearing others in the group openly share their challenges and their doubts, he realized that having difficulties is common, and all parents struggle in one way or another. This allowed him to contextualize his own behavior and instead of ruminating, he tried to embrace his doubts and put them into perspective. This helped him to relieve some of the pressure he put on himself.

Session 7: Finding energy in parenting again

It appeared that the previous sessions triggered Philippe to reflect more on his parenting style, since he wanted to be a different kind of parent than his own and avoid the authoritative approach he observed in other fathers around him. Therefore, the parenting techniques presented in Session 7 gave him hope and inspiration. For instance, he noticed that by using positive discipline techniques, such as giving logical consequences for his son's behavior instead of punishing, he felt more comfortable with his parenting style. After discussing about different parenting techniques, he was motivated to try other techniques as well. The other parents in the group expressed appreciation for the strategies he had already implemented at home with his child and praised him for his courage and motivation to try out the new techniques.

Session 8: Feeling more comfortable in his role as a parent

Philippe appeared increasingly calm and self-assured throughout the sessions. In the final session, we reviewed all the sessions and parents shared their overall experiences. Philippe seemed to have more self-confidence and relied more on his own experiences and feelings to guide his parenting. In general, when things did not go as planned with his son, he was more at ease, accepting that it is normal that things sometimes do not work out and knowing he will have another chance to try again.

POST-INTERVENTION INTERVIEW

Overall, Philippe provided valuable insights during the interview and was able to reflect on his experience and the key elements that supported him throughout the process. He stated during the interview that the program helped him to put his parenting difficulties into perspective by recognizing that other parents were struggling too. This allowed him to see that making mistakes is a natural and often reversible aspect of parenting. He shared that it allowed him to accept that it is okay not to know everything. As Philippe stated:

Having the right to make mistakes gave me a sense of relief, and less constant pressure to think "I can't make a mistake". That was important. And being surrounded by people who are going through the same things, who don't wear a mask of "everything is fine, it's all so great", that helped me a lot.

Throughout the interview, it appeared that this shift enabled him to adopt a more flexible approach to parenting and to feel less pressured. Furthermore, Philippe shared that he appreciated the content regarding emotion regulation since it helped him to

manage his angry emotions. In addition, he expressed that his son's anger outburst became less frequent and intense. When outbursts did occur, his own reactions were more controlled and adequate. He stated that this shift improved both his relationship with his son and his wife, explaining that it "helped to change the family's day-to-day life". He reported:

As I have become less emotionally reactive to my son's behavior, the situation has become more pleasant for my partner, and for my son as well, I think. My overall level of tension is lower... That's for sure. Taking a step back really helps, as you can process your emotion before expressing them. Whereas if you let it out every time, it affects those around me and creates a more tense atmosphere. In this sense, taking a step back helps to avoid those emotional spikes. That is something that has changed.

He also described struggling to find a balance between traditional parenting practices and more contemporary parenting approaches. As he explained,

You talk to other fathers, and they say, 'Oh, it's really easy, you just have to set rules. Oh, it's really easy, you just have to set rules.' It might be simpler that way, but that's not the kind of father I want to be.

Philippe expressed feeling comfortable in the group and valued the exchanges with the other parents. He described that it helped him to find new parenting techniques, especially used to struggle to find a balance between traditional parenting practices and more contemporary parenting approaches. As he explained,

You talk to other fathers, and they say, 'Oh, it's really easy, you just have to set rules. Oh, it's really easy, you just have to set rules.' It might be simpler that way, but that's not the kind of father I wanted to be.

However, he sometimes felt that the parents in the group praised him disproportionally for actions he considered ordinary or expected. For him, this was related to being the only father in the group: he felt that the mothers appreciated his efforts as a father more strongly, without fully recognizing their own efforts or those of the other mothers. He indicated not needing such excessive praise, since he was just doing his "job" as a father. He explained:

One mom told me, "What you're doing is really great, trying all these different things." I told her, "But what you're doing every day is just as great." I had the impression that, because I am a man,

my involvement was perceived as exceptional, whereas I considered it to be normal. As a result, I sometimes downplay what I said or did, as I did not want to be seen as a hero.

Further, Philippe shared that he experienced a sense of emptiness at the end of the program. He explained that the group "somewhat compensated for the support network that I don't have", as he considered the group a time for himself where he could openly talk about parenting. He expressed missing the group's honest exchanges and the reassurance from other parents, especially since this alleviated some of his insecurities.

QUANTITATIVE ANALYSES

Weekly Measures

Parenting Practices

Weekly questionnaires assessed the extent to which parents adopted the parenting practices addressed in the group sessions. As illustrated in [Figure 1A](#) and [1B](#), Philippe reported increasingly adopting positive parenting practices throughout the program. For instance, there were large changes (NAP = 1) in three out of six practices: focusing on the good behaviors of his child, reducing the stress for his child, and complimenting his child. For these items, the scores throughout the program were higher than the baseline scores at Session 1. Furthermore, Philippe's scores indicated a medium change for the practice of being a good role model for his child (NAP = 0.83). However, for the item assessing whether the parent adjusted their behaviors to the child's age, NAP analysis revealed a weak change of 0.42, with a relatively high score at the start of the program, which then decreased throughout the sessions. For parental monitoring of the child's screen time, NAP analysis also indicated a weak change (NAP = 0.17).

Emotion Regulation

As shown in [Figure 1B](#), weekly data highlighted an important improvement in Philippe's emotion regulation. Particularly, there was a large change (NAP = 1) regarding the dysregulation of anger, with peaks observed at Session 5 and 8. NAP analyses indicated a medium change in emotional integration (NAP = 0.58), where Philippe's scores dropped at Session 4, and then increased and stabilized from Session 5 onwards.

Pre-Post Intervention and Follow-up

Emotion Regulation

As seen in [Figure 2A](#), the pre- and post-intervention and follow-up questionnaires also underscore his improvement in emotion regulation. Indeed, Philippe's emotion regulation was above the clinical cut-off of 4.19 before the program (4.33) and fell within the normative range at post-intervention (3.67). This improvement continued beyond post-intervention, with an increasing

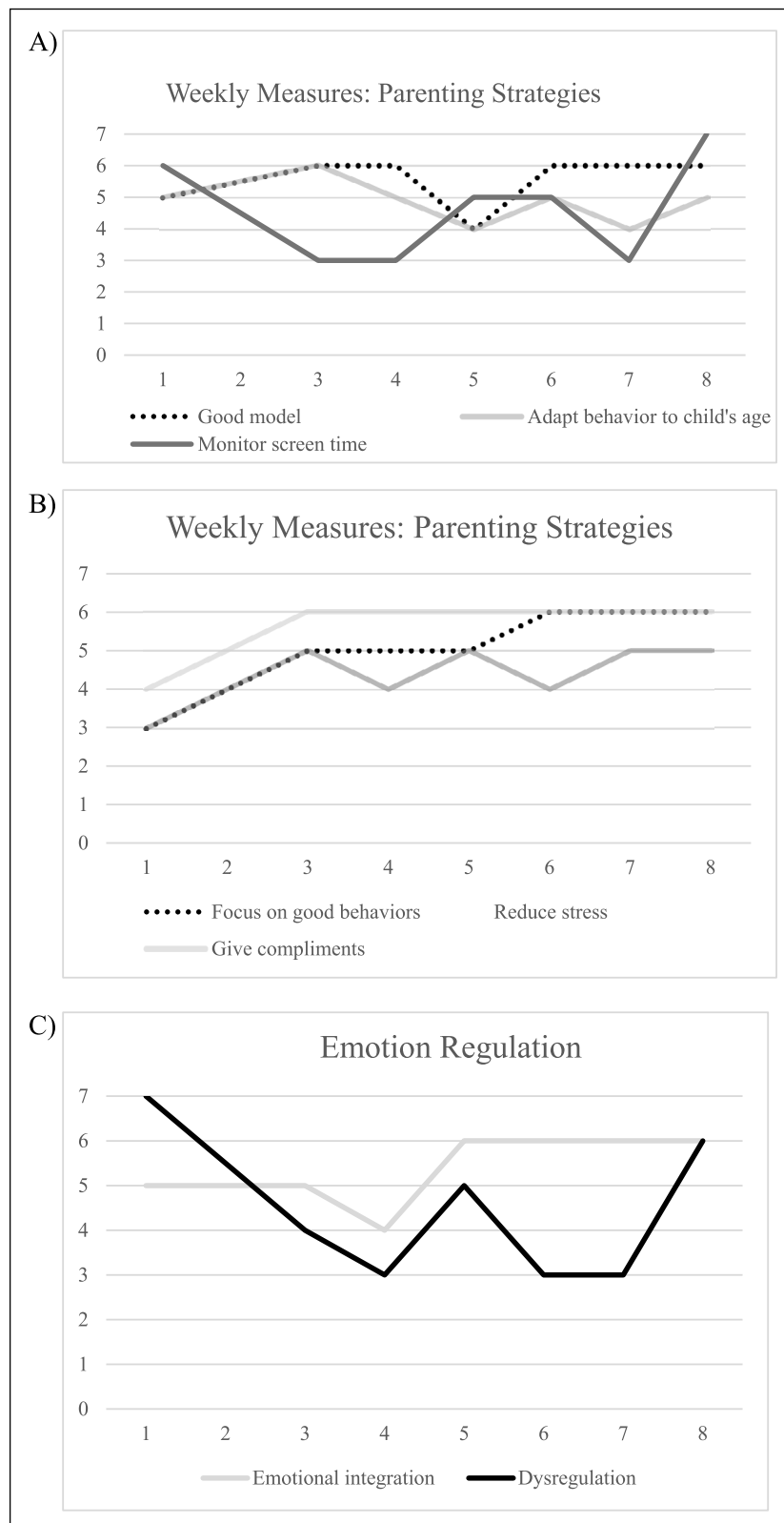


Figure 1 Weekly Report Measures.

Note: (A, B) Parenting Strategies. (C) Emotion Regulation.

score from pre-intervention to follow-up of exactly 1 point, indicating a score that was almost clinically significant ($RCI = 1.3$).

Mental Health Outcomes

At pre-intervention, Philippe's depressive symptoms scores revealed a moderately severe depression

according to the clinical cut-offs provided by the PHQ. His depression scores clinically improved over time. Indeed, at post-intervention, they improved from the moderately severe to the mild depression range and went below the clinical cut-off at follow-up (see [Figure 2B](#)). Similarly, Philippe parenting stress levels fell within the clinical range at pre-intervention (3.7), exceeding

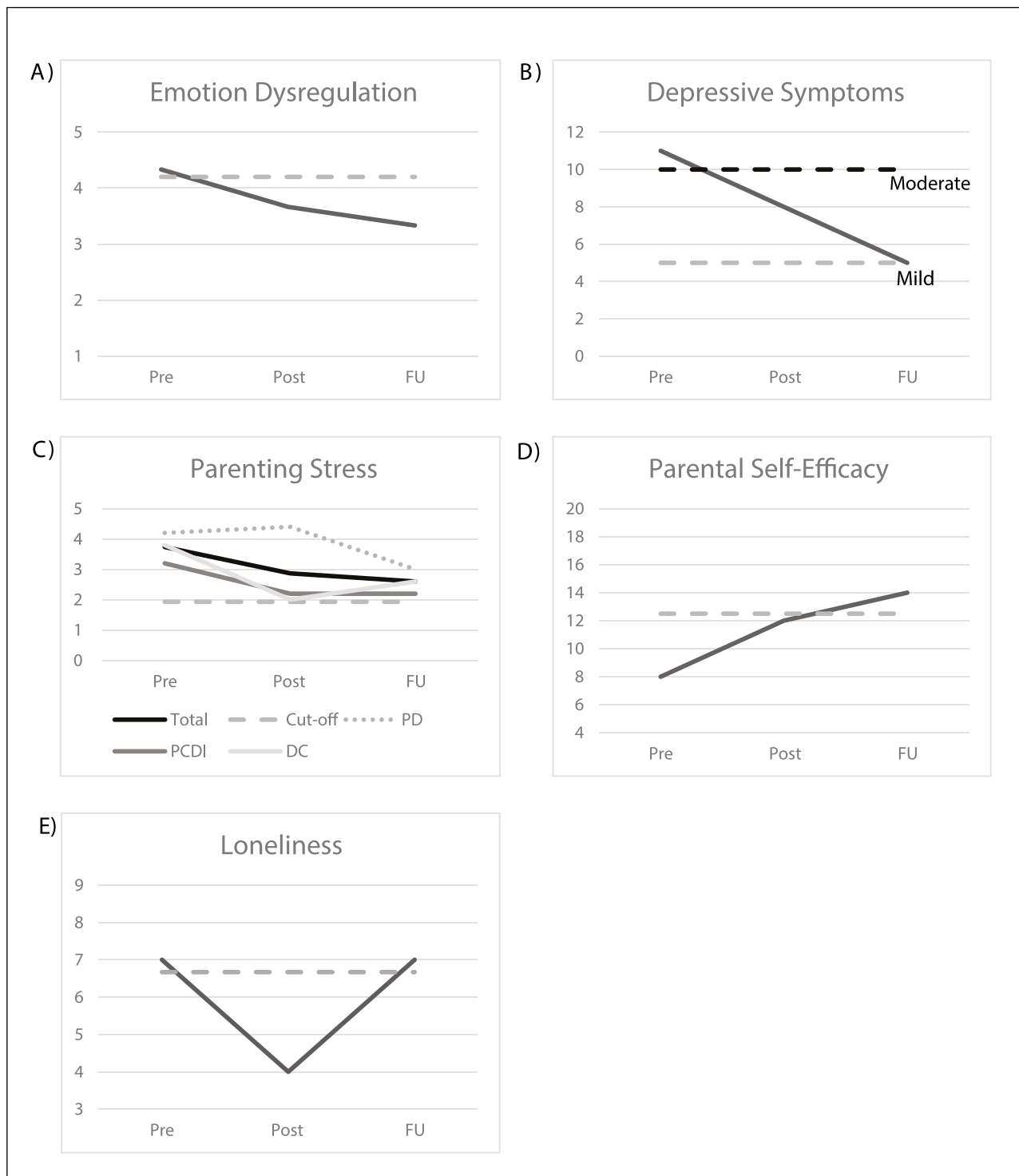


Figure 2 Pre-Post Intervention and Follow-Up Measures.

Note: **(A)** Emotion dysregulation scores (RCI = 1.3). **(B)** Depressive symptoms scores. **(C)** Parenting stress scores with three subscales: Parental Distress (PD, RCI = 1.27), Parent-Child Dysfunctional Interaction (PCDI, RCI = 0.68), Difficult Child (DC, RCI = 1.44). **(D)** Parental self-efficacy scores (RCI = 2.9). **(E)** Loneliness scores (RCI = 2.7).

the clinical cut-off of 1.93 (see Figure 2C). Over time, Philippe's parenting stress remained within the clinical range with a decrease at post-intervention (2.9) and follow-up (2.6) that did not exceed the RCI threshold of 1.93 and thus was not clinically significant. However, the scores on the three subscales measuring parenting stress evolved differently (see Figure 2C). Philippe reported clinically significant improvements for the Parent-Child

Dysfunctional Interaction subscale and the Difficult Child subscale, whereas the scores on the Distress subscale only clinically significantly improved from post-intervention to follow-up.

As for his parental self-efficacy scores, there was a clinically significant improvement from pre-to post-intervention (from 8 to 12), exceeding the RCI threshold of 2.9 (See Figure 2D). These improvements continued from

post-intervention to follow-up as Philippe's follow-up score (14) raised above the clinical cut-off of 12.48, falling in the general population range. Furthermore, Philippe reported high levels of loneliness at pre-intervention with a score of 7, which fell above the clinical cut-off of 5.7. As shown on [Figure 2E](#), Philippe's loneliness scores improved from pre- to post-intervention, exceeding the RCI threshold of 2.7, indicating a clinically significant change and a score that fell in the general population range. However, Philippe's loneliness went back to the baseline level at follow-up.

INTEGRATION OF RESULTS

For the interpretation of the results, the clinical analysis, the post-intervention interview and the quantitative analyses were combined to obtain a deeper understanding of Philippe's experiences throughout the program. At the start of the program, Philippe shared that he was on medical leave due to parental burnout. Indeed, his clinical condition and the initial psychological distress that motivated his participation were reflected in his depression, stress, and self-efficacy levels on the pre-intervention questionnaire. As reflected in the clinical analysis and the post-intervention interview, Philippe's improvement in mental health outcomes may have followed his gaining perspective on his difficulties, by accepting that mistakes are part of parenting and by regulating his emotions more adequately. These changes may have contributed to the clinically significant improvement in his depressive symptoms, both after and beyond the program. Regarding his stress levels, the results suggest that the program's focus on child development helped to alleviate Philippe's stress related to his child's difficult behavior. Throughout Session 1, 3 and 4, Philippe realized that temper tantrums are a normative aspect of child development. Furthermore, in the post-intervention interview, Philippe shared that he realized that his emotion dysregulation contributed to the coercive cycles, but by taking a step back from difficult behaviors, he was better able to regulate his son's angry reactions. Additionally, the delayed improvement in general parenting distress may indicate that this aspect was more distal and improved as a secondary benefit of the intervention. Furthermore, Philippe's enhanced self-efficacy levels support the observation that Philippe felt more confident about his parenting abilities.

Based on the questionnaires, the clinical analysis, and the post-intervention interview, loneliness appeared as an important struggle for Philippe. Likely, Philippe's improvement from pre- to post-intervention on loneliness reflects Philippe's perception of the group as a source of social support. Indeed, he expressed his gratitude towards the group, as the sessions represented a safe space where to share experiences, support, and advice. The improvement from pre- to post-intervention could result from this group support, as well as from the social

network that the program created between the parents. Philippe's return to his baseline scores in loneliness might reflect a mourning of the social support provided by the session. Indeed, the relationships created in the group were difficult to maintain beyond the program, potentially leading Philippe to experience a sense of loss or longing for the sessions and the group as the program had finished.

As for the weekly measures, Philippe's baseline score of the item focusing on adjusting parenting behaviors to the child's age was relatively high and tended to worsen across the sessions. This seems to mirror Philippe's change of perspective, as he became more aware that challenging behaviors and negative emotions are part of children's development, and that his reactions to his son's behavior were often not adjusted to his child's developmental phase. Regarding Philippe's emotion dysregulation, the results reflect Philippe's growing ability to regulate his own and his son's emotions. For instance, a peak in emotion dysregulation was observed at Session 5, where he specified in the questionnaire of Session 5: *"Emotionally turbulent week—my child shifts more easily from anger to joy, making the week more exhausting. The advice from the sessions helps me, even if the effect isn't immediate"*. In line with the weekly data and the post-intervention interview, Philippe's pre-post intervention and follow-up scores revealed the development of more appropriate emotion regulation skills throughout the sessions that extended beyond the program.

DISCUSSION

The present study examined a father's mechanisms of change throughout a group-based parenting program by integrating clinical and quantitative analyses. Overall, the results from this study supported previous literature in that Philippe showed major improvements in his mental well-being ([Barlow et al., 2012](#)). Specifically, results indicated that Philippe's emotion regulation, depressive symptoms, parenting stress, and parental self-efficacy improved after following the program, and continued to improve at 6-month follow-up. By contrast, while Philippe reported reduced loneliness at post-intervention, his loneliness scores increased again at follow-up.

FOSTERING SELF-COMPASSION AND EMOTION REGULATION THROUGH GROUP-BASED PROGRAMS

Our findings suggest that these shifts in mental health may be related to Philippe's improved emotion regulation on the one hand, and a perceived sense of social support and connectedness on the other hand. Indeed, two out of the eight sessions of the ACT Program explicitly address the regulation of both parents' and children's emotions. These sessions were particularly meaningful for Philippe,

as they helped him to develop a better understanding of his own and his child's emotions, fostered self-reflection, and enhanced his emotion regulation skills. This shift reflects Philippe's improved use of cognitive reappraisal, actively reinterpreting his son's behavior and reducing his emotional reactivity (Gross, 1998). Furthermore, Philippe stated in the interview that, overall, his reactions to his son's challenging behavior were less intense and more effective. These findings may suggest that Philippe's improved emotion regulation skills had a downstream effect on both his parenting behaviors and his child's emotion regulation (Peris & Miklowitz, 2015).

Our findings further highlight that self-compassion played a key role in Philippe's experience with the program, as he shared during the interview that he came to realize that making mistakes is part of parenting and that he is not the only parent who feels they make mistakes. According to Neff (2003), self-compassion is composed of three main components: self-kindness (being kind and understanding to oneself), common humanity (recognizing that mistakes and failures are a part of the human experience), and mindfulness (acknowledging negative thoughts and emotions with awareness, rather than "over-identifying" with them). As Philippe shared during the interview, he was able to increasingly put his difficulties into perspective, as he recognized throughout the program that other parents struggle too and that making mistakes is part of the parenting experience. Furthermore, after a difficult encounter with his child, Philippe would reinterpret the situation and respond with greater self-understanding instead of self-blame. Moreover, Philippe's increased use of self-compassion may have contributed to his enhanced emotion regulation, as self-compassion has been shown to facilitate cognitive reappraisal and encourages the acceptance of emotions, which further helps to reframe and manage negative feelings without becoming overwhelmed (Trompetter et al., 2017). Importantly, self-compassion has been identified as a skill that can be acquired through parenting interventions. Specifically, evidence has indicated that self-compassion is an efficacious, transdiagnostic intervention target associated that can improve both parental and child well-being (e.g., Jefferson et al., 2020).

SOCIAL SUPPORT AND CONNECTEDNESS AS ANTIDOTES FOR MENTAL HEALTH DIFFICULTIES

Parents are more at risk of loneliness when they lack peers in similar situations to share experiences with (Nowland et al., 2021). Due to Philippe's lack of perceived support and the differences in parenting strategies between him and his partner, he often turned to the internet for guidance. Although Philippe represents a single case, his experience reflects a broader societal trend in which parents need more social support but may receive less, especially from

immediate friends and family (Schobinger et al., 2022). This may be due to the increasing individualization and a decline in social capital in many Western societies, and may have reshaped postmodern parenthood (Putnam, 2001; Santos et al., 2017). In line with this, parenthood today is characterized by heightened expectations, with parents today being subject to increasing pressure to live up to unrealistic ideals of perfect parenthood (Henderson et al., 2016). As a result, parents may struggle to navigate the pressures and challenges related to parenting and may therefore rely more on online communities—rather than off-line interpersonal interactions—for support, potentially due to the decrease in informal support (O'Connor & Madge, 2004).

The results further suggest that the group dimension was essential for Philippe's experience with the program, highlighting his perceived sense of social support and social connectedness as other mechanisms of change during the program. The group format is an optimal setting to vicariously learn from one another, by observing and reflecting on others' experiences and interactions (Yalom & Leszcz, 2005), as well as to experience social support. Social support refers to an exchange of resources and assistance and is characterized by four types of support: informational (e.g., guidance, knowledge about child development), emotional (e.g., expressions of empathy, trust), instrumental (e.g., offering daycare), and appraisal (e.g., feedback, encouragement; Cohen, 2004). As reflected in our results, Philippe experienced these types of support, as parents often shared examples of moments where they struggled or felt unsure of managing their children's behavior, and they often gave feedback or reassured him in his parenting role. Normalizing parenting difficulties can be reassuring and may foster empathy, while it can also create a sense of connectedness among participants. Connectedness refers to an individual's sense of connection to other individuals and groups (Lee & Robbins, 1995). This is especially important since social connectedness is considered a protective factor of the health and well-being of parents (Saeri et al., 2018). In line with Philippe's improved mental health, research has demonstrated the link between greater social connectedness and reduced feelings of isolation and stress (Saeri et al., 2018; Satici et al., 2016).

The shift in Philippe's sense of loneliness raises important questions about how parents can sustain a sense of social support beyond parenting programs. Philippe's experience demonstrates the benefits of participating in a group-based program, although it also highlights the temporary nature of such programs. For Philippe, a booster session may be important for sustaining a sense of connectedness and emotional well-being (e.g., Nowland et al., 2021). Furthermore, parents' need for connection and support, both formal or informal, should be addressed and made more accessible

through various initiatives, ranging from individual support to policy and governmental initiatives (Reupert et al., 2022). Thus, providing parents with meaningful resources, such as accessible information, social support, or offering access to community services, may empower them and may cultivate their social capital. This may have beneficial downstream effects on children's optimal development and may lead to thriving societies more generally (Hunter et al., 2019).

GENDERED CONTRADICTIONS IN CONTEMPORARY FATHERHOOD

Before the program, Philippe struggled to find a balance between harsh discipline techniques suggested by other fathers in his network and being overly permissive with his child. This observation may reflect a broader societal tendency where fathers may struggle to find a balance between traditional fatherhood conceptions and new fatherhood ideals. Specifically, while fathers increasingly indicate that emotional availability, family time, and father-child bonding are more important as compared to previous generations, contemporary expectations of fatherhood remain deeply rooted in a traditional gendered division of labor, reinforced by dominant masculine norms that prescribe how men should ideally act and behave to be approved by society (e.g., providing, emotional restraint, and discipline) (Connell, 2021; Davis & Greenstein, 2009). As such, the desire to adhere to alternative, contemporary ways of fathering (i.e., nurturing, engaged fathering) can contradict traditional masculine norms, creating “new male mystique”, where fathers may struggle to meet both traditional and contemporary fathering expectations (Aumann et al., 2011; see also Venard et al., 2025). Moreover, confusion over paternal roles due to familial or societal expectations can be detrimental for fathers' mental health, as it may cause feelings of distress (i.e., discrepancy stress), feeling left out or unvalued (Baldwin et al., 2018; Mesler et al., 2022). Thus, it seems that Philippe's desire to adhere to alternative ways of fathering may have created feelings of confusion or isolation, as he did not have a role model or was unable to turn to his social network to find discipline techniques that aligned with his own values.

Although Philippe appreciated and felt connected to the other parents, he reported feeling uncomfortable for being praised by the mothers in the group for behaviors he considered as “normal” parenting behaviors. He recognized that he was celebrated as “the good father” for solely joining the group and attempting new practices with his son, while the same would not be true for his partner or the other mothers in the group. Paradoxically, such praise may reinforce traditional gender norms (Meeussen & Koudenberg, 2022). Indeed, when fathers are glorified for engaging in basic caregiving tasks, it may signal that a norm has been breached, thus reinforcing gendered double standards where fathers are excused

from cultural pressures directed at mothers to parent “the right way”, while at the same time also downgrading fathers to the role of “helpers” or “support” (Lewington et al., 2021).

CLINICAL IMPLICATIONS

The present findings highlight several clinical implications. First, the pragmatic case study approach represents a valuable method for clinical practice, as it allows for a comprehensive and nuanced understanding of individual change processes across time and methods (Råbu & Binder, 2025). By integrating multiple sources of data, it provides clinicians with a detailed overview of the patient's development and may help shape more tailored interventions. It can therefore highlight experiences of underrepresented participants, whose perspectives might otherwise be marginalized or overlooked in broader research designs. As such, this approach may provide insights into real-world complexities that are both theoretically meaningful and practically applicable.

Second, this study highlights the importance of situating parents', and especially fathers', experiences within their broader societal context when conducting parenting programs. For example, our findings illustrate that fathers may face particular challenges in navigating tensions between more traditional parenting norms and contemporary parenting expectations (Höfner et al., 2011; Venard et al., 2026). These tensions may be shaped by broader social norms regarding fatherhood, which can influence how fathers interpret and enact their parenting role.

Finally, our findings also highlight the need for clinicians to remain attentive that gendered dynamics may be at play within group settings. Therefore, clinicians should reflect on their own contributions, including using inclusive language, representing fathers in program materials, and being mindful of overly praising fathers, in order to foster a supportive group environment that does not perpetuate gendered representations of parenthood.

LIMITATIONS AND FUTURE DIRECTIONS

An important strength of this study is the mixed-method approach, combining a clinical analysis, interview data and quantitative data. While this method offers valuable insight into the processes and outcomes, several limitations merit attention. First, during the program, Philippe was also undergoing individual psychoanalytic therapy to address his parental burnout, which may have contributed to the observed improvements. As such, it is not possible to fully disentangle the contributions of the parenting program and the individual therapy, which should be considered when interpreting the findings. However, Philippe was able to distinguish between these two types of support during his interview, highlighting the complementarity of parenting programs alongside other types of

clinical support. While the program focused mostly on parenting and may have complemented his therapy, his stress and depression levels suggest that such programs alone may be insufficient to address more severe mental health problems. Second, limited data was available on the coparenting dynamics, as the program does not explicitly target coparenting and does not involve partners, resulting in a limited insight into this topic. However, research has demonstrated that strengthening the coparenting relationship and social network can enhance parental mental health and promote more consistent parenting practices (Eira Nunes et al., 2021; Fielden & Gallagher, 2008), indicating the need to actively involve parents' partners or social networks in the ACT Program. This may have contributed to his feelings of loneliness, as he may have felt misunderstood, disconnected, or unable to share his thoughts at times throughout his life (Adamczyk, 2016).

Third, the study did not include a baseline with at least three measurement points as recommended (Manolov & Tanious, 2025). Therefore, the NAP analyses should be interpreted with caution and cannot be considered robust estimates of intervention effects. In the present study, NAP was used for descriptive and illustrative purposes, to complement the qualitative findings rather than to support causal inferences. Fourth, the interview was conducted by the facilitator, as the parents were already familiar with her and may have felt more comfortable to share personal experiences. However, social desirability dynamics may have played during the interview. Therefore, the parent's feedback should be interpreted with caution, and future studies should consider having a third party conduct the interviews to mitigate potential bias. Furthermore, although case studies provide contextually rich data, they do not allow for statistical comparisons or causal inference. As a consequence, future research should explore multiple cases to identify consistent patterns.

CONCLUSION

In the present study, the change mechanisms of a distressed father participating in a group-based parenting program were analyzed using a pragmatic case study approach. Improved emotion regulation and a sense of social support and connectedness during the program were identified as mechanisms of change that played a key role in Philippe's experience with the program. Although Philippe reported improved mental health after completing the program, his loneliness scores reverted to baseline levels after follow-up. These findings may reflect a broader societal trend in which parents may need more support but may receive less, highlighting the need for stronger community ties and accessible support systems for parents.

DATA ACCESSIBILITY STATEMENT

Due to the presence of sensitive clinical and personal information, data and materials from this case study are not publicly available to protect participant confidentiality. Requests for additional non-identifiable information can be directed to the corresponding author.

ADDITIONAL FILE

The additional file for this article can be found as follows:

- **Table S1.** Brief Description of Program Sessions Content (ACT-Program). DOI: <https://doi.org/10.5334/spo.99.s1>

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COMPETING INTERESTS

The authors have no competing interests to declare.

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