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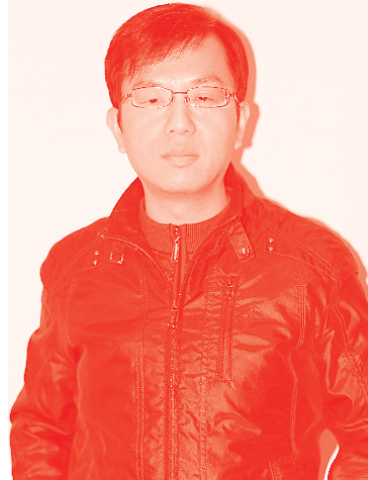
*Edited by Loredana Benedetto
and Massimo Ingrassia*



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Edited by Loredana Benedetto and Massimo Ingrassia

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Preface

Taking an ecocultural perspective means paying attention to the variability of the contexts that shape the life experiences of individuals, without indulging in unnecessary generalizations about what is “typical” or “universal” in parenting behavior. Moving from Bronfenbrenner’s ecological theory of child development [1, 2], parenting “is a complex plaiting of neurobiological and environmental influences, and the same is true for child development” [3, p. iv]. The developmental niches, with their physical and social characteristics, educational practices and parental psychologies, shape child development, but are themselves shaped by societal and cultural pressures [4]. However, parenting is not just a cause of a child’s development, but also a product of developmental transactions; parent behavior influences child behavior, and in turn, child behavior causes parent responses. As such, from conception [3] to adulthood, a transactional history develops that is unique for every parent-child dyad [5].

The richness of human variability is reflected in the intra- and inter-cultural richness of the variability of parenting, in the forms it takes and in the produced effects either adaptive or maladaptive to societal demands both in parents themselves and in their offspring. This book presents twelve contributions reflecting this rich variability.

Dorn and Rocher Schudlich’s chapter highlights the longitudinal associations between interparental conflict and a child’s emotional security from infancy to the preschooler developmental period. The emotional security clusters developed as infants, specifically following exposure to interparental conflict, persist during preschool years and continue to mediate associations between interparental conflict and preschooler adjustment. Clinical implications of the chapter findings seem especially relevant.

An interesting interaction between nurtured and natural characteristics is the theoretical proposal by Samar M. Alzeer, who reviews literature about sibling structural features and siblings’ interactions, their family emotional climate, parental management, and parents’ interactions with siblings. The author concludes with an invitation to address research towards exploring the ways in which parents’ behaviors and siblings’ relationships together affect a child’s maladaptive outcomes related to predicting developmental personality traits, primarily into Callous–Unemotional children.

Wellbeing may take the form of a positive response to environmental demands, as when a primary school child is required to read fluently. If the child’s reading fluency is a struggle, may the child benefit from a parent’s involvement in a reading promotion intervention? Villiger’s chapter discusses this topic, presenting data from a Swiss Paired Reading Intervention study. She highlights that “evidence about the effectiveness of reading programs with parents is rather vague” and “discusses beneficial circumstances of parent involvement in reading programs.”

From a social constructivist perspective, Brinn argues that the relationship between parents and school professionals could work to equalize learning but

also economic gaps of disadvantaged class children. The author underlines how a role renegotiation of both “parent” and “teacher” roles is needed on the basis of three (among several) “crucial factors including Trust between participants, An open-minded and responsive sharing of knowledge and ideas, and an Honest self-reflection on both sides.” She does not hide the intrinsic difficulties of this task, but argues with positive exempla that a home–school partnership effort is a challenge that deserves to be played for its intrinsic developmental value. From an ecological point of view, Brinn’s proposal is an exemplum of potential dialogue between microsystems.

The next two contributions deal with parent-adolescent relationships. The first, Srivastav and Lal Mathur’s chapter, presents the concept of helicopter parenting, a highly intensive form of parenting that affects the developmental outcome of adolescents. Helicopter parents are very intrusive, “providing their children with support and minimal space that may impede the development of problem-solving skills and decision-making skills.” Parental anxiety and regret seem to be the principal determinants of this educational style. Culture and gender seem to have a role, too. Psychological consequences of this parenting style may be negative, but also positive, or mixed. Greater life satisfaction and better psychological wellbeing were observed in association with helicopter parenting, but so were poor coping strategies, anxiety, low self-efficacy, lack of trust in peers and alienation from peers. The authors suggest supportive psychological interventions.

Mathibela and Skhosana’s chapter addresses the parent-adolescent relationship when the adolescent is substance-dependent, reviewing the characteristics of parent-adolescent communication and the determinants of substance misuse by adolescents. The authors underline the ecological perspective and conclude by stating that “understanding how one’s parenting is linked to their child’s addiction, and using this knowledge to rebuild a stronger parent-adolescent bond, collaborating with them in the process of healing and recovery” is crucial.

The chapter by Samadi deals with a particularly stressful task for a parent: coping with a child with autism spectrum disorder (ASD). Using a qualitative-quantitative mixed method, the author highlights parents’ difficulties of caring for a child with ASD and reports the “special features of parenting that might be rooted in the Iranian culture or special contexts such as limitation of the formal and informal supports and services.”

The next two chapters address parental expertise with digital technology. The first, by Benedetto and Ingrassia, presents digital parenting as a “parental mediation,” that is, “the different behaviors parents adopt to regulate children’s engagement with internet and digital media,” and “reviews empirical researches on different parental mediation practices.” Here an explicit transactional point of view on parent-child relationships is adopted.

In the next chapter, Lee asks if parents are ready to transport children via automated vehicles (AV). After an online survey, she critically discusses the scenarios of using AV transportation in the context of children’s mobility and argues that “more research is critically needed to guide the development of AV features, safety evaluations, and regulatory policies.”

The next two chapters deal with parenting in extreme conditions. The chapter by Scannell addresses how life adversities affect parental sense of competence

and parenting practice with multiple effects on parent—child relationships and children’s outcomes. The author underlines that “parental self-efficacy and social supports can play mediating [a] role in the experience of adversity and parenting stress” favoring adaptation of vulnerable family systems. Young and Sager’s contribution deals with parenting skills in refugee families. In light of their working experience with Palestinian and Afghan refugees, the authors highlight how “unsustainable, short-term approaches that breed dependency, create poor results and can actually leave participants in a worse place than before they participated in the program.” Solutions are possible within a Participatory Action Research Approach, that is, “a way for researchers and community members (who become research team members) to work together to define the problem, take action, and evaluate the impact and effectiveness of the interventions,” contributing to the “growth of resilient women transforming their parenting and their lives.”

The last chapter by Nishi has a special focus. The author highlights how parenting is the contest of intergenerational transmission of values and how this process happens with subtle adaptations to changed cultural circumstances. Nishi underlines “the draws on literature and narrative inquiry to describe how whiteness is passed down, generation by generation. [She] looks particularly at white, neoliberal, and color evasive families of today to deconstruct these myths.”

The twelve chapters in this volume testify to the strength of the plurality of methods for approaching the parental skills involved in parent-child relationships as they are shaped from cultural instances. Another strength of the book is its contributions by researchers from four continents, so reflecting their cultural diversity. This offers a wide and concrete perspective of ecocultural influences (practices, routines, roles, norms, class, race, etc.) on children’s and families’ lives, together with the social conditions and resources (i.e., education or health services) that can support parents’ efforts along with children’s development in different environments.

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Enduring Effects of Infant Emotional Security on Preschooler Adaptation to Interparental Conflict

Olivia Dorn and Tina D. Du Rocher Schudlich

Abstract

Emotional security theory illustrates the significance of children's reactions to interparental conflict as a mediator of the associations between interparental conflict and children's well-being. Less is known about infants' emotional security. The current study assessed the stability of emotional security over infancy through preschool years. We also assessed whether infant emotional insecurity mediated between interparental conflict during infancy and preschooler adjustment. Seventy-four families with infants aged 6–14 months participated at Time 1. Parents engaged in a conflict resolution task with their infants present. Families returned when children were 3–5 years old (Time 2). Families engaged in the same conflict resolution task and parents additionally completed the Strengths and Difficulty Questionnaire to assess preschooler adjustment. Cluster analyses revealed two classes of infants based on conflict responses at Time 1: secure and insecure. The insecure group demonstrated higher levels of distress, frustration, physical frustration, and dysregulation compared to the secure group. These classifications remained relatively stable over Times 1 and 2. Infant emotional security mediated associations between Time 1 interparental conflict and preschooler adjustment, even when considering preschooler emotional security. Our results highlight the lasting legacy of destructive conflict on infants' still developing security systems.

Keywords: emotional security, interparental conflict, infants, preschoolers, child adjustment

1. Emotional security theory

Emotional security theory (EST) has illustrated the significance of children's reactions to interparental conflict as a mediator of the relationships between exposure to interparental conflict and children's later psychological and physiological well-being [1–3]. Although empirical support has been well documented for older children [4], less is known about younger children, specifically infants and toddlers, and their responses to interparental conflict. However, a cross-sectional study conducted by Du Rocher Schudlich et al. [5] found that infants aged 6–14 months showed differential responses to interparental conflict; depressive (i.e., avoidance and emotional distress) and destructive conflict (i.e., hostile verbal and nonverbal

behaviors) were associated with increased infant negative reactions, whereas constructive conflict (i.e., well-modulated conflict striving toward resolution) was associated with decreased infant negative reactions. This study was the first to highlight the significance of emotional security concerns in infancy. Others have since supported the role of emotional security concerns during this developmental period (e.g., [6, 7]). However, to date, there are no studies that have examined the longitudinal effects of interparental conflict and the stability of emotional security in infants through their preschool years. The dearth of studies is striking, as this developmental period is the one most commonly exposed to interparental conflict, and rates of interparental discord are highest during infant and early childhood years [8]. Guided by EST, the current study addresses the aforementioned gaps in the research literature by assessing the stability of emotional security over infancy through preschool years, determining if infant emotional insecurity mediates between interparental conflict during infancy and preschooler adjustment, and more stringently determining whether infant emotional insecurity continues to mediate between interparental conflict during infancy and preschooler adjustment, while simultaneously considering contemporaneous preschooler emotional insecurity.

EST [9] has demonstrated the significance of exposure to interparental conflict and children's following physiological and psychological well-being [3, 10]. According to EST, children react to the meaning of the conflict, ergo the threat to the safety and stability of their emotional life and the integrity of their family system [11]. As children grow and develop in response to their environment, an internal working model of conflict, based on previous exposure history, will progress and affect future responses and reactions to interparental conflict, which in turn may have deleterious effects on parent's conflict [12], thus feeding the negative cycle of insecurity. Children's emotional security is thus reflected in future emotional responding, effectiveness of coping, and emotion regulation skills [4, 11]. Observations of children's elevated emotional and behavioral dysregulation as a response to interparental conflict exposure provide the foundation for assessing children's emotional security [5].

Different types of interparental conflict will have different effects and outcomes on exposed children. EST posits that children are most negatively impacted by conflict perceived as threatening to the family system [9, 13]. Interparental conflict is most damaging to children's emotional security when it involves aggression [14], is unresolved with a negative emotional aftermath [15], when it is characterized by parental withdrawal [16], and when it is paired with harsh maternal parenting [17]. In contrast, conflict that is resolved and dealt with positively may enhance emotional security by reinforcing children's sense of stability in the family and providing a constructive model for dealing with difficult emotions [13, 18].

2. Sensitization

Within EST, sensitization developed from repeated or heightened exposure to interparental conflict increases children's reactivity, including distress, anger, aggressiveness, and involvement in interparental conflict [13]. For children, preserving a sense of security and stability within the family is a salient goal [17]. Thus, habituation to interparental conflict does not occur, as the threat of harm from exposure to interparental conflict increases their reactivity. Furthermore, with repeated exposure to destructive or depressive interparental conflict, the child should progressively amplify the importance of protecting security and stability of their family system. This results in increases in the children's greater emotional, behavioral, cognitive, and physiological reactivity in the face of interparental conflict [13]. Eventually, the components of the emotional security system, emotional

reactivity, regulation of conflict exposure, and internal representations, should evidence stability and continuity over time [13]. Longitudinal studies have found moderate stability in individual differences in children's reactions to interparental conflict over time [11, 19, 20].

Consistent with sensitization, Davies et al. [21] found greater child reactivity over time was associated with higher levels of destructive interparental conflict. However, the link between threats to emotional security and children's mental and physical health does not occur immediately, but requires consistency and stability over time as the link gradually progresses, intensifies, and generalizes, into a broader pattern of the children's reactions and responses [13]. Based on EST, it is expected that individual differences in children's security responses to interparental conflict have long-term implications for adjustment and adaptation [13].

3. EST and infants

Although much less is known about the effects of interparental conflict on infants, compared to later periods of development, there is evidence that they are also sensitive to specific dimensions of interparental conflict. Cummings et al. [22] examination of parent reports of 10- to 20-month-old infants' responses to naturally occurring and simulated expressions of anger and affection found that infants differentially responded to affectionate versus angry demonstrations; anger elicited distress and negative emotional reactions, whereas affectionate interactions elicited affectionate behaviors and pleasure. Furthermore, infants' distress levels were later heightened when exposed to higher levels of destructive marital conflict. Their findings are congruent with sensitization, which suggests that differences in children's responses to conflict, particularly destructive, lead to different capabilities in the child's emotional regulation and the child's response to conflict [23, 24]. As for regulation of exposure to conflict, although infants and toddlers may not directly interject themselves into the conflict, avoidance and withdrawal as well as ameliorating behaviors, such as self-soothing or gaze aversion, were observed [22].

Looking at a slightly younger population, Du Rocher Schudlich et al. [5] examined infants' responses and reactions to interparental conflict live in a laboratory. Parents were videotaped discussing a disagreement with their infant present. Infants showed heightened discussion attending and negative reactions in response to destructive and depressive conflict. However, infants displayed diminished discussion attending and negative reactions in response to constructive conflict. Together, these studies establish infants' sensitivity and reactivity to interparental conflict behavior. Similarly, it has been found that preschool-aged children are predisposed to experience fear, self-blame, and threat in response to interparental conflict due in part to the regulatory processes underlying children's security in the interparental relationship [13]. In infancy through the preschool years, regulatory processes are more easily overwhelmed by exposure to interparental discord, suggesting that insecurity in the interparental relationship may be a significant mediator of pathways between interparental conflict and child adjustment.

These studies highlight the importance of determining how exposure to interparental conflict may affect early childhood and infancy and the longitudinal effects associated with child adjustment. Infancy is an especially important developmental period for studying emotional security. To date, we are aware of only one study examining interparental conflict's effects on infants' emotional insecurity longitudinally. Frankel et al. [6] found that elevated interparental conflict during infancy predicted greater flat/withdrawn and negative affect in toddlerhood. Paternal affect was particularly important in their study: preschooler's negative affect was highest

when both interparental conflict and fathers' distressed responses were high. Thus, effects of conflict may be long-lasting during this developmental period.

4. Current study

The current study attempts to address the gaps in the literature that have been outlined. Currently, there are no studies that have examined the longitudinal effects of interparental conflict and the stability of emotional security on infants through their preschool years. The results of this study have critical implications because infants and preschoolers are the age group most commonly exposed to interparental conflict and this may be a key stage for the development of emotional security.

Guided by EST framework, the current study will address the following aims: (1) Does emotional security observed in infants have longitudinal stability into the preschool years? (2) Does infant emotional insecurity mediate between interparental conflict during infancy and preschooler adjustment? (3) Finally, does infant emotional insecurity continue to mediate associations between interparental conflict and preschooler adjustment when simultaneously considering preschooler emotional insecurity? Based on previous literature, we hypothesized that emotional security would be a stable construct over the infancy to preschooler time points. Additionally, infant emotional insecurity would serve as a mediator between interparental conflict and preschooler adjustment. Lastly, infant emotional insecurity would continue to serve as a mediator and predict preschooler adjustment even when simultaneously considering preschooler emotional insecurity.

5. Method

5.1 Participants

This study was a part of a larger investigation concerning family relationships and child development (e.g., see also Du Rocher Schudlich et al., [13, 25]). Data were collected during the years 2007–2009. Participants were recruited by contacting families listed in local birth records from a county in the Pacific Northwest of the United States, as well as families recommended by previous participants. Inclusion criteria included the following: (1) primary caregivers who were comfortable speaking and reading in English, (2) families who had an infant between the ages of 6 and 14 months, and (3) families who had been living together since the birth of the child, regardless of interparental marital status. Families were excluded if they did not meet all of the inclusion criteria or their child was diagnosed with a developmental disorder. Families were invited back when their children were between the ages of 3 and 5 years. This was an unplanned longitudinal study that developed out of a graduate student's thesis and thus our retention rate of 54% is lower than that which is typically seen in planned longitudinal studies.

At time one (T1), participants were 74 nuclear families (mothers' M age = 29.56 years, SD = 5.54; fathers' M age = 31.62 years, SD = 5.87) with 33 male and 41 female infants aged 6.20–14.48 months (M age = 10.07 months, SD = 2.10). Sixty-four of the parent couples (85%) were married, (M length of marriage = 4.83 years, SD = 3.15 years) and couples had been living together for an average of 5.78 years (SD = 3.34). All parents reported being the biological parents of the target child in the study. Parents indicated a modal family income of \$40,001–\$65,000 per year. In this sample, 88% of fathers and 85.3% of mothers were Caucasian, 1.3% of fathers and mothers were Asian American or Pacific

Islander, 1.3% of fathers and mothers were Hispanic, 5.4% of fathers and 8% of mothers were biracial, and 3% of parents did not report ethnicity.

Thirty-eight families returned at Time 2 (T2). To test for differences between families who participated at both time points versus those who did not, we conducted statistical comparisons among our primary study variables and family demographics (child sex, parents' education, parents' income, parents' and child race, parents' age, and interparental status). Out of the 15 variables assessed, only 2 yielded significant differences: parents who participated at both time points had fathers who reported higher incomes and mothers with older ages.

5.2 Procedures and measures

5.2.1 Time 1 and 2 (T1, T2)

For both Time 1 and 2, parents consenting to participate received mailed packets containing consent forms and questionnaires to be completed at home prior to the laboratory visit. Upon arrival at the laboratory, parents engaged in three interactions: a conflict resolution task with their infant absent, a conflict resolution task with their infant or preschooler present, and a triadic play interaction. The order of conflict interactions was randomly counterbalanced across families when possible. The triadic play interaction always occurred last to reduce any emotional distress families may have experienced while engaging in the conflict and challenge tasks. In the current study, we only utilized the conflict tasks.

Both parents completed parent-report versions of The Strengths and Difficulties Questionnaire (SDQ; [26]) at T2 regarding their child, which is a brief behavioral questionnaire about children 3–16 years of age. Parents are provided with a list of behavioral descriptions and asked to rate the extent to which they are true of their child on a scale from 0 (*Not True*), 1 (*Somewhat True*), to 2 (*Certainly True*). We used three subscales: emotional problems, conduct problems, and prosocial behavior. Mother and father reports were highly correlated and thus their scores were averaged. Cronbach's α 's were 0.72 for emotional problems, 0.86 for conduct problems, and 0.74 for prosocial behavior.

5.2.2 Conflict

Following similar procedures in previous research (i.e., [27]), parents deliberated to select three topics that were most typically problematic for their relationship and then chose a topic that they were both comfortable discussing. Parents chose a different topic for their second interaction than what they discussed in their first interaction. We instructed parents to not discuss a child-related issue with the child present because previous research has indicated that children are especially sensitive to children-related topics [28]. We asked parents to attempt to reach a resolution and to share their emotions and perspectives on the issues. We asked parents to interact with their baby as they would normally if they were at home discussing the issue. Families were left alone during their interactions, which were videotaped. After 7.5 minutes, we offered parents additional time and those who accepted were given an additional 2.5 minutes. Following procedures developed by the Cummings lab, immediately following each of the interactions, parents independently completed ratings of how strongly they felt each of the following emotions during their interactions: loving feelings, happiness, anger, worry, scared, sadness, helplessness, and hopelessness. The emotions scale ranged from 1 to 9, with 1 = *absence of the emotion*, 5 = *mid-range level of feeling*, and 9 = *most intense feeling*.

We coded interparental interactions using an adapted version of The Marital Daily Records (MDR) protocol [29]. The MDR has good convergent validity with self-report measures of interparental conflict and relations [23]. Our adaptation included coding behaviors on a 1–9 scale based on the Couples' Interaction Global Coding System, rather than the original 0–2 scale on the MDR [30], allowing us to capture more variability in the behaviors. Global ratings of the entire interaction were applied (see [5, 25] for more coding details). We coded the conflict behaviors on a scale from 1 to 9, with 1 = *absence of the expression*, 5 = *mid-range level*, and 9 = *most intense expressions*. Coded behaviors included conflict, defensiveness, contempt, withdrawal, demand, communication skills, support-validation, problem-solving, and humor. The degree of emotional intensity was also coded on a 1–9 scale for each of four emotions (positivity, anger, sadness, and anxiousness), as well the overall degree (1–9) of conflict resolution for each partner. To minimize potential coding bias or carry-over effects, coders coded only one type of conflict interaction (triadic or dyadic) for each family. Coders received extensive training by the principal investigator, achieving adequate reliabilities on all coding categories (i.e., intra-class correlation coefficients ranged from 0.60 to 0.98, with a mean coefficient score of 0.91).

5.2.3 Emotional security

We recorded infants' reactions during actual interparental disagreements (see [5] for more details on procedures and coding). We adapted coding procedures from infants' responses to angry interparental interactions in the home environment, which were previously utilized to code infants' behavior from a wide developmental spectrum, 10 months to 2.5 years of age [31]. We considered intensity as well as frequency of behaviors and emotions, and scored them from 0 (*absence of the behavior*) to 4 (*strong intensity and frequency of the behavior*). Codes included frustration, self-soothing, sadness, physical frustration, and dysregulation. Infant location during the interaction was also coded, with 1 (*on floor*) and 2 (*in a parent's lap*). A group of raters blind to other study and coding information coded infant behaviors. The coders received extensive training by the principal investigator, achieving adequate reliabilities on all coding categories. Intra-class correlation coefficients ranged from 0.84 to 1.00, with a mean coefficient score of 0.95.

To assess preschoolers' reactions during actual interparental interactions, preschoolers were present during their parents' interparental disagreement and were videotaped for later coding. Coding procedures were adapted from the coding system utilized for infants [5]. Intensity and frequency of behaviors and emotions were both considered. Codes were scored from 0 (*absence of the behavior*) to 4 (*strong intensity and frequency of the behavior*), and included frustration (e.g., scowl, huffing, yelling, or stomping); self-soothing (e.g., sucking thumb, rocking); distress (e.g., whining, tears, pouting, or hanging head); aggression (e.g., throwing objects, hitting, kicking, or biting); dysregulation (e.g., intense, multiple, and potentially contradictory emotions, behaviors, and strategies in attempts to cope with conflict); avoidance (e.g., asking to leave, walking away from parents); and mediation (e.g., offering solutions to conflict, telling parents what to do, or comforting parents). A group of raters blind to other study and coding information coded preschooler behaviors. The coders received extensive training by the principal investigator, achieving adequate reliabilities on all coding categories. Intra-class correlation coefficients ranged from 0.78 to 0.98, with a mean coefficient score of 0.87.

6. Results

6.1 Data reduction and preliminary analyses

We used SPSS v25 and AMOS v25 to analyze our data. Mothers' and fathers' conflict scores within T1 and T2 were highly correlated in expected directions and thus we averaged their scores together. Based on previous research, we created a global interparental conflict composite for T1 and T2 by summing the negative behaviors and emotions together and subtracting the positive ones. Based on previous research and supported by a factor analysis, we created a global emotional insecurity composite for T1 and T2 by summing scores for negative infant reactions and subtracting scores from the positive reactions.

We examined whether the average scores on any of the outcomes were associated with child gender and socioeconomic status (SES) independent of interparental conflict. Very few significant associations were found. Girls demonstrated higher levels of mediation at Time 2 than boys, $t(32) = -2.09, p = 0.048$, and SES was negatively correlated with self-soothing at Time 1, $r = -0.28, p = 0.02$. Given the minimal significant findings for these variables and in order to preserve power, we did not control for any of them in the rest of the analyses.

Utilizing a person-centered approach to assess Aim 1, the stability of ES over time, we conducted a cluster analysis of the T1 ES variables to determine the infants' patterns of responding to conflict. We compared the different clusters that emerged and used independent sample t-tests to determine their differential patterns of responding to conflict based on key T1 emotional security variables. Finally, to assess whether this remained stable over time, independent sample t-tests were conducted on key T2 emotional security variables as a function of infants' T1 differential response patterns.

Hierarchical regressions assessed mediational models for Aim 2 and 3. Zero-order correlations were examined first. Correlations between interparental conflict at Time 1 and 2, emotional insecurity at Time 1 and 2, and preschooler emotional adjustment are presented in **Table 1**. T1 interparental conflict was significantly correlated with greater T1 emotional security, greater preschooler conduct problems, but less prosocial behavior. T1 emotional insecurity was significantly correlated with greater emotional and conduct problems, but less prosocial behavior. Similarly, T2 emotional insecurity was also correlated with greater emotional and conduct problems. Interestingly, T1 and T2 interparental conflict were not significantly correlated, and thus not surprisingly neither were T1 and T2 emotional insecurity.

6.2 Aim 1: assess the stability of ES over time

As a first step to assessing the stability of ES over time, we conducted a cluster analysis of the T1 ES variables to determine the infants' patterns of responding to conflict. We performed a hierarchical agglomerative cluster analysis with squared Euclidian distance and examined both the agglomeration schedule and the dendrogram to determine the number of clusters [32]. The hierarchical agglomerative cluster approach allowed us to run the analyses without a predetermined number of clusters while minimizing the computational load [32]. We chose the squared Euclidian distance statistic to calculate the distance between cases because it allowed us to assess both the pattern and elevation of scores in question [32]. The agglomeration schedule was used to determine at what point two clusters were being combined that were too different to be combined into a homogenous group,

Variable	M (SD)	1	2	3	4	5	6	7
1. T1 Interparental conflict	-0.03 (2.98)	—						
2. T2 Interparental conflict	-0.01 (2.70)	0.24	—					
3. T1 Emotional insecurity	0.0 (1.80)	0.31***	0.22	—				
4. T2 Emotional insecurity	0.0 (1.78)	0.12	0.40***	0.08	—			
5. T2 Emotional symptoms	1.75 (1.48)	0.23	0.14	0.28*	0.25*	—		
6. T2 Conduct problems	2.42 (1.97)	0.26*	0.02	0.37***	0.33***	0.17	—	
7. T2 Prosocial behavior	7.95 (1.39)	-0.33***	-0.17	-0.61***	0.08	0.08	-0.34***	—

* $p < 0.05$.
** $p < 0.01$.
*** $p < 0.001$.

Table 1.
Means, standard deviations, and correlations of the primary variables in the analyses.

as noted by the first large increase in coefficient values [32]. Dendograms were used to help determine which clusters were most similar to each other, with more similar clusters appearing together early on the left side of the plot, whereas those that were less similar being spaced further apart on the right side [32]. We reran the analyses utilizing multiple clustering methods, assessing for stability of the cluster solution, which held up over each method. Results presented are based on Ward’s method. Two clusters emerged from the analyses: an emotionally insecure group and emotionally secure group. To determine their differential patterns of responding to conflict, independent sample t-tests were conducted on key T1 emotional security variables. Results were consistent with the cluster analysis in identifying groups that differed in terms of emotional security versus insecurity at time one. Infants in the emotionally insecure group demonstrated significantly higher levels of distress, frustration, physical frustration, and dysregulation, compared to infants in the emotionally secure group. Assessing whether this pattern remained stable over time, independent sample t-tests were conducted on key T2 emotional security variables as a function of infants’ T1 differential response patterns (see **Table 2**). Infants who were initially classified in the emotionally insecure group demonstrated greater levels of mediation and aggression at T2 when preschoolers than those who had been classified as emotionally secure infants.

6.3 Aim 2: determine if infant emotional insecurity (T1) mediates between T1 interparental conflict and preschooler adjustment (T2)

To examine mediator effects of infant emotional security in relations between interparental conflict and preschooler adjustment, we conducted a series of hierarchical regressions and followed procedures outlined by Baron and Kenny [33]. According to their guidelines, three necessary conditions must be met before testing mediator effects: (a) T1 interparental conflict must predict significant

Variable	Emotionally secure		Emotionally insecure		<i>t</i>
	<i>M</i>	(<i>SD</i>)	<i>M</i>	(<i>SD</i>)	
T1 Emotional security					
Distress	0.96	1.11	2.00	1.63	-1.98*
Frustration	0.37	0.61	3.75	0.50	-10.81***
Self-soothe	0.78	1.23	1.25	0.50	-0.75
Physical frustration	0.00	0.00	1.75	0.50	-7.00***
Dysregulation	0.12	0.44	2.25	1.26	-3.37*
T2 Emotional security Variables					
Distress	0.47	0.77	0.50	0.70	-0.05
Frustration	0.88	1.23	0.75	1.35	0.24
Self-soothe	0.57	0.75	0.50	0.70	0.13
Aggression	0.83	0.96	1.75	0.35	-3.09*
Dysregulation	0.60	1.02	0.75	0.35	-0.21
Avoidance	0.89	0.95	0.50	0.71	-0.57
Mediation	0.34	0.57	1.25	1.76	-2.00*

**p* < 0.05.
 ***p* < 0.01.
 ****p* < 0.001.

Table 2.
 Means for emotional security variables at T1 and T2 as a function of differential responding patterns.

variance in preschooler’s adjustment problems, (b) interparental conflict must be significantly related to infant emotional insecurity, and (c) infant emotional insecurity must be significantly related to preschooler adjustment problems. These first criteria were established for conduct problems and prosocial behavior in both the correlations and the hierarchical regressions (see **Table 3**). Emotional insecurity was a significant predictor of both conduct problems and prosocial behavior after taking into account interparental conflict, $\beta = 0.37$, $p < 0.05$, and $\beta = -0.64$, $p < 0.001$, respectively. Because these conditions were met, the final step for testing mediation was conducted (i.e., testing whether the relation between interparental conflict and preschooler adjustment is reduced or eliminated after the mediation effect of emotional insecurity has been taken into account). This step was also met. In the model predicting conduct problems without emotional insecurity entered, $\beta = 0.42$, $p < 0.05$ for interparental conflict, but when emotional insecurity was entered, $\beta = 0.19$, $p > 0.05$. In the model predicting prosocial behavior without emotional insecurity entered, $\beta = -0.32$, $p < 0.05$ for interparental conflict, but when emotional insecurity was entered, $\beta = -0.18$, $p > 0.05$. Moreover, to determine the significance of mediation, the indirect effects were calculated and tested for significance using Sobel’s (1982) test. Sobel’s [34] test indicated the mediation was significant for both conduct problems, $z = 2.05$ (0.36), $p < 0.04$, and for prosocial behavior, $z = 3.76$ (0.24), $p < 0.001$.

6.4 Aim 3: determine if infant emotional insecurity (T1) mediates between T1 interparental conflict and preschooler adjustment (T2) while simultaneously considering contemporaneous T2 emotional insecurity

To address Aim 3, path analyses examined the mediational effects of T1 emotional insecurity in the links between interparental conflict and preschooler

Variable (N = 38)	Model 1			Model 2		
	B	SEB	β	B	SEB	β
DV: T2 Conduct Problems						
T1 Interparental conflict	0.47	0.20	0.42**	0.37	0.19	0.30
T1 Emotional insecurity				0.33	0.15	0.37*
<i>F</i>		5.63*			5.55**	
$R^2\Delta$		0.17*			0.13*	
<i>F</i> for change in R^2		5.63*			4.87*	
DV: T2 Prosocial behaviors						
T1 Interparental conflict	-0.24	0.14	-0.32*	-0.14	0.11	-0.18
T1 Emotional insecurity				-0.40	0.08	-0.64***
<i>F</i>		3.06*			12.65***	
$R^2\Delta$		0.10*			0.39***	
<i>F</i> for change in R^2		3.06*			20.07***	
DV: T2 Emotional Symptoms						
T1 Interparental conflict	0.25	0.14	0.32*	0.13	0.17	0.15
T1 Emotional insecurity				0.19	0.13	0.28
<i>F</i>		1.24			1.70	
$R^2\Delta$		0.04			0.07	
<i>F</i> for change in R^2		1.24			2.12	

* $p < 0.05$.
** $p < 0.01$.
*** $p < 0.001$.

Table 3. Hierarchical regressions predicting preschooler adjustment from T1 interparental conflict and emotional insecurity.

adjustment while simultaneously considering contemporaneous T2 emotional insecurity (Figures 1 and 2). Results for the first path model, considering prosocial behavior as the outcome, indicated an excellent fit with the data, $\chi^2(2, N = 38) = 0.11, p > 0.05, \chi^2/df$ ratio = 0.05. IFI = 1.0 CFI = 1.0, and RMSEA = 0.00. As hypothesized, T1 emotional insecurity remained a significant predictor of preschoolers' prosocial behavior, even when simultaneously considering contemporaneous preschooler emotional insecurity. In fact, it was only T1 emotional security that was predictive of preschooler prosocial behavior in our model. Confidence intervals of the overall indirect effects of T1 interparental conflict on T2 preschooler prosocial behavior (95% CI: -0.114, -0.009) did not include zero, indicating significant indirect effects of T1 emotional insecurity. Results for the second path model, considering conduct problems as the outcome, indicated an excellent fit with the data, $\chi^2(2, N = 38) = 0.14, p > 0.05, \chi^2/df$ ratio = 0.07. IFI = 1.0 CFI = 1.0, and RMSEA = 0.00. As hypothesized, T1 emotional insecurity remained a significant predictor of preschoolers' conduct problems, even when simultaneously considering contemporaneous preschooler emotional insecurity. T2 emotional security was also a significant predictor of preschoolers' conduct problems. Confidence intervals of the overall indirect effects of T1 interparental conflict on T2 preschooler conduct problems (95% CI, 0.002, 0.102) did not include zero, indicating significant indirect effects of T1 emotional insecurity.

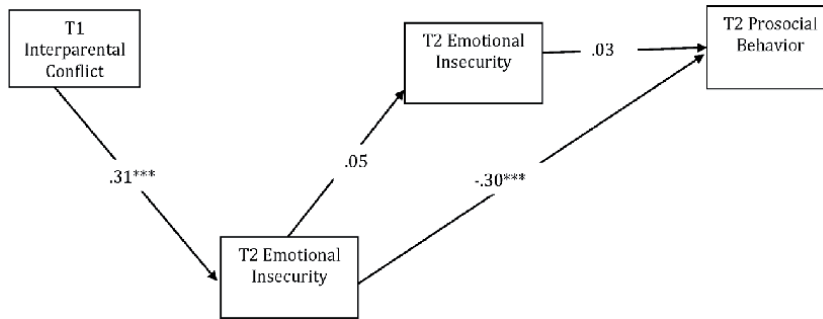


Figure 1. Path analysis examining emotional insecurity at time points 1 and 2 as mediators of associations between interparental conflict and preschoolers' prosocial behavior. $p < 0.05$, *** $p < 0.001$.

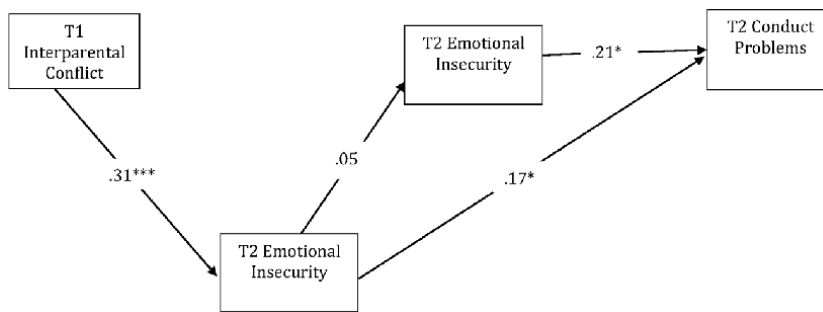


Figure 2. Path analysis examining emotional insecurity at time points 1 and 2 as mediators of associations between interparental conflict and preschoolers' conduct problems. $p < 0.05$, *** $p < 0.001$.

6.5 Alternative direct effects models

An alternative model, considering direct effects of interparental conflict on preschooler adjustment was also tested to see if it provided a better explanation for the data. First, an alternative direct effects model was tested for prosocial behavior. Comparing the two nested models, the chi-square difference test revealed the model allowing for direct effects did not fit better than the model with only indirect effects, $\chi^2(1, N = 38) = 0.04$, $\chi^2\Delta = 0.07$, $1df$, $p > 0.05$. The path from interparental conflict to prosocial behavior was also nonsignificant, $\beta = 0.02$, $p > 0.05$. Next, an alternative direct effects model was tested for conduct problems. Comparing the two nested models, the chi-square difference test revealed the model allowing for direct effects did not fit better than the model with only indirect effects, $\chi^2(1, N = 38) = 0.04$, $\chi^2\Delta = 0.07$, $1df$, $p > 0.05$. The path from interparental conflict to conduct problems was also nonsignificant, $\beta = 0.02$, $p > 0.05$.

7. Discussion

Addressing gaps in research on associations between infant emotional security and interparental conflict, the current study utilized strong, multimethod assessment procedures to examine the longitudinal associations between interparental conflict and emotional security during the infancy through preschooler developmental period. The current study was able to find support for each of our hypotheses.

A key contribution of our paper was the expansion of our understanding of the earliest beginnings of emotional security, coming from our findings supporting our first hypothesis. This study confirmed that children's patterns of responding remain consistent longitudinally. When participants were categorized into clusters of emotionally secure and emotionally insecure, differential patterns occurred in responding to conflict. Time 1 emotionally insecure cluster showed higher levels of distress, frustration, physical frustration, and dysregulation compared to the emotionally secure cluster. The insecure group appeared to remain insecure through the preschool period, demonstrating higher levels of mediation and aggression than the secure group as preschoolers. These findings support the idea that emotional security is stable from infancy to preschool age; even when conflict changes in parents, the sense of insecurity holds stable. This is consistent with studies of older children that found similar stability in children's responses to interparental conflict longitudinally [11, 19, 20]. This finding points to the importance of early emotional security development; interparental conflict has lasting impacts on children's emotional security as early as infancy, not just older children as once perceived. Furthermore, the implication is that this type of stress on new and developing regulatory systems may push infants past their coping capabilities in early life and will then have lasting impacts as they grow older.

A second key contribution was our finding pertaining to emotional insecurity as a predictor of both conduct problems and prosocial behavior, after taking into account interparental conflict, supporting our second hypothesis. Furthermore, infant emotional security served as a significant mediator in the associations between interparental conflict and preschooler adjustment. This shows that emotional security accounts for effects rather than conflict even at this young age of preschoolers. Thus, even at this young age, we can see more than simple direct effects of conflict. Children's adjustment as preschoolers is being predicted not just by their exposure to conflict but by their psychological experiences and processing of it as infants, which has lingering associations even into preschooler years above and beyond the conflict itself. In particular, lower levels of emotional security were associated with lower levels of prosocial behavior and higher levels of conduct problems as preschoolers. One explanation for this may be that children with lower levels of emotional security may be depleted of their psychological resources as they attempt to cope with their insecurity [13]. Alternatively, emotional insecurity leaves children with more negative emotions and behavior (e.g., aggression and mediation in conflict) and more negative cognition in which they view the world as a less secure and stable place. Thus, children may be overgeneralizing their experiences at home into their other environments and responding in maladaptive ways with their own peers. These preschoolers are at high risk for further psychological problems as they develop. Previous research has prospectively linked emotional insecurity to depression, anxiety, peer problems, and conduct problems in adolescence [11].

Finally, the third primary contribution of our paper is documenting the lasting effects of infant emotional insecurity on child adjustment during this pivotal developmental period. Consistent with our third hypothesis, our findings demonstrated that infant emotional insecurity remained a significant mediator of preschoolers' prosocial behavior and conduct behavior, even when simultaneously considering contemporaneous preschooler emotional insecurity. Thus, our findings underscore the importance of considering infancy as a sensitive period of emotional development that continues to have lasting effects, even overriding current family circumstances. A growing body of research highlights the devastating effects of adverse childhood events experienced during infancy and the profound enduring effects they can have on cognitive and emotional development, especially when parents are involved (e.g., [35, 36]).

7.1 Clinical implications

Our findings have several important implications for prevention and intervention. First, in terms of prevention, given the potential for stability of emotional insecurity from infancy through the preschool years, it is of heightened importance that parents be educated regarding the impact of their conflict on infants and try to avoid holding difficult and destructive conflict in front of or near their infants. Previous research, unfortunately, has indicated that parents do not seem to shield their children from destructive conflicts, and that their conflicts in front of their children appear to be similar to or worse than when their children are not present [25, 37]. Furthermore, for families experiencing heightened conflict histories or depression, there is a greater likelihood of displaying more destructive conflict in front of children than when alone [25]. Children from these families may be doubly taxed psychologically as they attempt to cope with family depression and conflict. Thus, getting out the message of shielding infants from conflict is particularly imperative as a preventative effort.

In terms of intervention, two issues are pertinent. The first pertains to assessment for preschoolers in need of treatment for conduct or peer-related issues. A careful assessment of both current and past family functioning, including interparental conflict, as well as children's emotional insecurity is warranted. Although we do not currently have measures to retrospectively measure infant emotional insecurity, we can assess current emotional insecurity in conjunction with interparental conflict history and child exposure levels. Clinical judgment can help determine whether infant emotional security may have been an issue. Assessment of conflict and emotional insecurity is critical as our findings indicate they may play a role in preschooler peer problems and conduct problems. Second, in terms of intervention, if in fact emotional insecurity and interparental conflict are relevant issues in preschooler's peer and conduct problems, therapists will need to take a family-based approach to address the problem. Parents may benefit from couples counseling and education about how to keep their children removed from the conflict. Education about how to restore children's security will also be important. Providing a stable, secure, home environment with clear, consistent routines and helping parents provide consistent, sensitive, warm responses to their children, while still maintaining rules, supervision, and developmentally realistic expectations will be important [38]. At the infant level, this may entail extra calm, physical soothing to infants.

7.2 Limitations and future directions

These results support the longitudinal associations between interparental conflict and preschooler outcomes via emotional security; however, the correlational nature of this data prevents conclusions about causality. This study was limited by a small sample size, potentially impairing our power to detect effects. Participants were drawn from a fairly homogenous, middle-class, community sample and thus findings may differ from those among families seeking treatment or those from more diverse demographics; accordingly, readers should use caution in generalizing. Future studies utilizing larger, more diverse samples should replicate these results to gain more confidence in the findings.

These findings present a first step in identifying the nature of longitudinal emotional security during infancy to preschool years. Future studies should explore the underlying sources of negative parenting strategies and tension between parents that contribute to interparental conflict. Additionally, a study with a larger sample would have power to distinguish between types of conflict behaviors and address whether different types of destructive, depressive, or constructive conflict have different associations with emotional security in infancy and in preschoolers, which

would also elucidate a clearer point of intervention. Finally, there are a range of related processes not considered here that merit examination in future work, such as infant temperament, parent-infant attachment, interadult attachment, and co-parenting quality and attitudes.

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Parenting and Sibling Relations in Predicting the Development of Personality Traits

Samar M. Alzeer

Abstract

The impacts of sibling relationship quality during childhood are largely unexplored in predicting the development of internalising and externalising behaviour problems. Syntheses of research into sibling relations point out the overlapping influential factors that cause variations in sibling relationships during childhood, such as child temperament, family constellation variables and the parent-child relationship, indicating that the construct of sibling relationship quality is derived from the coherence of four trajectories: (a) sibling behaviour and interactions, (b) family emotional climate, (c) parental management and the parent's interactions with siblings and (d) sibling structural features. Noting that the impacts of childhood sibling relations on the development of personality traits are unexplored directly in the literature, this chapter has critically appraised the fragmented psychological and social patterns of personality traits across developmental, behaviour and sibling literature, highlighting the interrelationships between these trajectories to conclude a tentative theoretical conceptualisation of how parental behaviour and childhood sibling relationships affect child maladjustment outcomes related to predicting developmental personality traits. A further conjecture has been suggested that the quality of parent-child relationships and childhood sibling relationships can be a significant moderator for developmental personality traits, conceptualising risk and resiliency factors for developing callous-unemotional (CU) behaviours in the parent-child-siblings network. Future empirical research is a warranted endeavour to evaluate the tentative conclusions.

Keywords: sibling, child, adjustment, personality traits, callous-unemotional, development, attachment, parent-child relationship

1. Introduction

Personality traits are defined as complex, multifaceted constructs, expressed in affectively cold, interpersonally deceptive, behaviourally reckless and often overtly antisocial behaviour [1]. Personality traits have long been conceptualised as consisting of two broad facets: on the one hand, an affective-interpersonal facet encompassing such traits as lack of empathy, grandiosity and superficial charm, and on the other hand, a behavioural-lifestyle facet encompassing irresponsible, antisocial and impulsive behaviours. In behaviour research, the two facets of personality traits have shown different correlates with internalising and externalising behaviour

problems, pointing out fear, anxiety and depression as main correlates with personality traits in youth and adulthood. Fundamental research highlighted that abnormal or deficient emotional responding is considered to be the key measure for personality traits across development [2]. Empirical evidence has also indicated that the increase or decrease in personality traits across development is associated with similar changes in contextual, behavioural and individual problems [3].

From a developmental point of view, psychopathic traits can have a patent impact on individuals' development through predisposing, precipitating, perpetuating and predictive risk factors that include the characteristics of the individual (i.e. neuropsychological deficits, autonomic irregularities and temperamental traits) as well as the characteristics of the individual's social context (i.e. peer rejection, family dysfunction, neighbourhood disorganisation and family socioeconomic status) [4]. Notably, research has documented the increased prevalence of personality traits in the general population, youth in particular [5, 6]. The relevant literature identified these traits through adult measures underscored by the criteria proposed for a callous-unemotional (CU) specifier to conduct disorders in DSM-5 [7]. The evidence in research demonstrated that stability subtypes of CU behaviours in children and adolescents represent developmental precursors of adult personality traits [8–10], defining CU behaviours in children as a circumscribed facet of adult personality traits associated with a persistent pattern of behaviour that reflects lack of empathy, lack of remorse and shallow or deficient affect [10]. However, the literature specific to assess the heterogeneity of distinct aetiologies and developmental pathways to CU behaviours is sparse [11, 12]. The existing research partially explains the association of personality traits with developmental theoretical assertions, which informs our understanding of the deficits in the ability to form close interpersonal attachments over the individual's lifespan [5, 13].

Notably, recent theories point out that the affective-interpersonal facet might result from an inborn deficit, whereas the behavioural-lifestyle facet might be more under the influence of environmental risk factors like neglecting or abusive parenting [14]. Whereas such theorising remains somewhat speculative and is in need of rigorous empirical testing, there is a preliminary evidence in support of a differential aetiology underlying the affective-interpersonal and behavioural-lifestyle facets. Bowlby's theory of parent-child attachment paved the way for scientific studies to explore the significant implications of the early disruptions in attachment relationships to explain affectionless traits [12]. For theoretical and empirical purposes, attachment approaches suggest that attachment disorganisation is a potential marker of vulnerability to later mental health disorders, and the construction of the attachment framework is commonly used to assess underlying interpersonal mechanisms through developmental trajectories that can predict the development of personality traits. Across developmental and behaviour research, Fearon et al. conducted a meta-analysis to examine the significance of how insecure and disorganised attachments increase the risk for externalising problems [15]. Critically, evidence depicted that CU behaviours are not immediately related to avoidant attachment representations; nevertheless, insecure attachment representations evoke conduct problems that show a robust association with CU behaviours [12, 13, 15]. Accumulative research has identified that deficits in fear recognition and dysfunction of empathy processing are particularly prevalent with research utilising measures of CU behaviour [16]. Relevant longitudinal studies have contributed to emphasise the influence of the reciprocal process between the parent and child to imply the predictive impact that delineates individuals' chances to positive or negative consequences [14].

Relatedly, research has demonstrated that quality of sibling relationships are correlated with individual's personality development and psychosocial adjustment,

including the development of interpersonal and social skills, language skills, skills in conflict management and resolution throughout the entire lifespan [17–32]. Sibling relations are conceptualised as the children's first social networking experience with relatively same-age individuals, and therefore, can serve as the base of building ideas about their own abilities and self-worth through modelling and learning new skills or behaviour from one another [33]. Sibling relationships are defined in literature as ranging from being close and harmonious to distant and conflicted [34]. The quality of sibling relationships encompasses coherent structures related to sibling social support, overall relationship satisfaction, closeness, the degree of reliability and responsibility to which the sibling serves as a role model [17–37]. In light of the evidence across developmental and behaviour literature, it is therefore essential to track the dynamics unfolding reciprocal interactions with the family unit, including parent-child and sibling-sibling dynamics, in order to interpret multidimensional disorganised or disoriented behaviours as indicators of collapsed behavioural strategies across development.

Simultaneously, given that the reciprocal impacts of sibling relationships during childhood are unexplored in research related to personality traits, this chapter suggests to appraise the theoretical and empirical trajectories of regulation and child emotional functioning within the wider sphere of parent-child relationships and sibling relationships, highlighting syntheses of sibling research indicating the developmental trajectories of child adjustment within constructs of sibling behaviour and interactions, family emotional climate, parental management and the parent's interactions with siblings and sibling structural features.

2. Regulation, attachment and child emotional functioning

Affect regulation is defined as the process of initiating, sustaining, modulating or changing the occurrence, intensity or duration of internal feeling states and emotion-related physiological processes [38]. Simpson and Belsky suggested that emotion regulation strategies are evolutionary adaptive as they guide the child's capacity to cope with various rearing environments [39]. In attachment infancy studies, a large amount of existing interdisciplinary data suggested that attachment communications are critical to the development of structural right brain neurobiological system, encompassing processes of emotion, stress modulation, self-regulation and thereby the functional origins of the bodily based implicit self [40]. In this context, the theoretical implications of cognitive antecedents and correlates of emotions in affect regulation are highly interrelated [40, 41]. Adding, the central role of affect regulation in child development corresponds with the developmental and neurobiological notions of differential susceptibility [40]. Hence, Schore and Schore proposed a profoundly developmental approach conceptualising the *Regulation Theory* as an amalgam of Bowlby's attachment theory, updated internal object relations theories, self-psychology and contemporary relational theory [40]. This notion takes into regard the individual's subjective trajectory of emotional growth as well as contextual influences, including differences in family dynamics and cultural variations [40, 42]. Notably, the developmental pathway in middle and late childhood years underlie the expanding roles of family, social community and other environmental factors [42, 43]. Children at this age group enter the 'age of reason' by developing their own identity through processes of more flexible thinking, self-awareness and identifying and understanding others' feelings or emotional states [43]. Nevertheless, little attention has been given to assessing regulation during the middle and late years of childhood [43].

According to Brumariu, parent-child attachment offers a meaningful context for emotion socialisation [43]. The theoretical link between parent-child attachment and affect regulation underlies the child's ability to activate positive or negative responses to emotionally provoking situations [43]. In this context, securely attached children internalise effective emotional regulation strategies within parental attachment relationships and have the ability to successfully employ adaptive emotion regulation strategies in other relationships, such as with siblings and friends [40, 43]. In contrast, insecure attached children are conceptualised in three patterns: (a) ambivalently attached children depict a hyper-activating stance of affect regulation by a heightening display of negative emotions, ostensibly in an effort to gain attention due to their low confidence and negative expectations of their parents and other people [43, 44]; (b) avoidantly attached children depict a hypo-activating stance of affect regulation by a minimising display of negative emotions, ostensibly through emotional suppression or deactivation as defence mechanisms to cope with attachment figures who cannot tolerate attachment behaviours [40, 44] and (c) finally, disorganised attached children miss the opportunity to learn how to mitigate their distress due to their coping with caregivers' alternating patterns of hostile behaviour, role-reversing, misattuned affect and/or detachment [45], therefore, these children lack the appropriate development of emotional regulation strategies [40, 43].

The empirical links between parent-child attachment and child affect regulation mainly evaluate child emotional functioning in four aspects: (a) emotion understanding/awareness of the self and others; (b) emotional experiences and expressions within or outside the parent-child relationship; (c) ways of regulating emotions/coping strategies and (d) the overall broad construct of emotion regulation [43]. Evidence-based research demonstrated that the quality of parent-child attachment relationship is a key environmental determinant to child affect regulation and adjustment [40, 43]. Bakermans-Kranenburg and van IJzendoorn, Pluess and Belsky and Belsky pointed out the significant role of parental influences, including parenting skills in children's susceptibility [46–48]. In this context, forming secure parental attachment, encompassing characteristics of relational engagement, parental supervision, acceptance and support allow the child to develop secure and safe experiences with the parent, and in turn, a secure attachment bond can promote positive child emotional functioning and reduce behavioural problems [40, 41]. In contrast, insecure parental attachments underlie parent-child distress and predict internalising and externalising problems during childhood development [40, 43, 49].

3. Sibling relations

3.1 Sibling behaviour and interactions

Sibling relationships encompass patterns of emotionally charged interactions that are defined by strong, uninhibited reactions of positive, negative and sometimes ambivalent dimensions [29–35]. The language used in sibling interactions is translated by researchers into positive and negative dimensions of their behaviour [29–35]. Positive dimensions encompass 'prosocial' characteristics in sibling interactions, including verbal affection, sharing, comfort and cooperation, whereas negative dimensions encompass 'agonistic' characteristics, including commands, insults, teasing, struggles over objects and physical aggression [34]. There is evidence that quality of sibling interactions is associated with internalising and externalising behaviours, links found contemporaneously and over time [31, 50–52]. Research indicated that variations in how siblings behave and react towards one another are

derived from different aspects of the individual's beliefs, personality, sociocognitive processing, emotional functioning and adaptation [17–28, 31, 32, 37].

3.2 Family emotional climate

Brody, Stoneman and McCoy, Furman and Giberson and Minuchin suggested that there are interdependent influences among dyads (subsystems) within the family system [36, 52, 53]. Modry-Mandell, Gamble and Taylor defined family emotional climate by the impacts of family emotional expressiveness, parental agreement and children's exposure to conflict within the family system on the sibling relationship quality [31]. Cummings and Smith suggested that anger and conflict are a salient feature of the emotional climate of the home from the perspective of the children [44, 54]. Given the consensus link provided in research between conflict within the family system and child maladjustment, evidence corroborates the interactional system perspective by Cicirelli [20], involving three subsystems within the family context by the correspondence between the positive and negative dimensions of the parent-parent interactions, parent-child interactions and the sibling-sibling interactions [31, 51, 55, 56].

In this context, sibling relationships are conceptualised as more positive and warm in families that consist of a positive/secure relational pattern, whereas sibling relationships are prone to conflict, hostility and aggression in family systems that are exposed to threatening/insecure relational patterns (i.e. distressed or conflictual parent-child relationship and interparental conflict) [31, 55]. To further elaborate, Cummings indicated that children exposed to interparental conflict exhibit greater levels of distress and behavioural problems and show higher sensitivity to subsequent angry expressions by their parents than non-exposed children [31, 57]. Moreover, Brody indicated that parent-child relationships that involve harsh parenting and unresolved anger underlie children to develop behavioural styles, emotional regulation strategies and cognitions that motivate sibling conflict and poor adjustment outcomes [31, 51]. Hence, the interactional and reciprocal influences between subsystems of the family system can exacerbate problems in children's emotional functioning and adaptation by children approaching sibling disputes with anger-focused coping strategies and aggressive behaviour [34, 57].

3.3 Parental management and sibling relationship quality

Garcia et al., Modry-Mandell, Gamble and Taylor and Query and Mahoney suggested that there is a direct link between negative sibling relationships and child behaviour problems [31, 34, 55]. Researchers have indicated that increased indices of externalising behaviour (i.e. aggression, attention problems and emotional negativity) between siblings may undermine the individual's well-being and predict greater conflicts and negative interactions between the siblings [29]. Noting that there are interactional and reciprocal influences between subsystems of the family system, the level of distress within the sibling relationship is a significant risk factor related to child behaviour problems in children living with distressed families [34, 55]. Thus, due to the limited social, cognitive and emotional competence of the child to adjust externalising behaviour, parental intervention is a merit to facilitate conditions conducive for co-constructing positive interactions between siblings and to prevent a developmental pattern of hostile sibling relations that threaten the emotional climate of the family [29, 34, 55]. Research suggested three management strategies for parental interventions: (a) anticipatory intervention, (b) interactive intervention and (c) directive intervention (Howe, Aquan-Assee and Bukowski). Research indicated that the construct of these interventions

partially depends on sibling structure, however, the overall effectiveness of these interventions is closely related to the quality of parental time and attention during parent-child interaction [30, 38].

In this context, it is essential that the quality of parental management strategies conveys fairness and equality in the parent-child interactions [15]. The magnitude of parent-child interaction can underlie parental differential treatment among siblings [15, 48–50]. Research strongly emphasised the link between parental differential treatment, child temperament and the quality of sibling relationships [33, 48, 49]. From a developmental perspective, children's perceptions of the warmth and intimacy of their sibling relationship is strongly associated with sibling disclosure and emotional understanding [30, 35]. Hobson and Manke found that older siblings reported less warmth and closeness and a higher level of conflict within sibling relationships under conditions of less perceived fairness [33]. Dunn et al. suggested that parental time and attention is closely related to family's social-economic status and the parent's psychosocial factors, and in turn, this association has shown effect on the level of closeness, warmth and intimacy among sibling [27, 28]. Hence, syntheses of research indicate direct and indirect influences of environmental factors related to child's perceptions and beliefs towards the parent-child interactions and the quality of the sibling relationship [17–29, 31, 32, 36].

3.4 Sibling structural features: age, gender and family size

A noteworthy feature indicated through observational studies in sibling relationships is the reciprocity of positive and negative interactions between siblings [34]. Reciprocity is defined as the link between behaviour frequencies of older and younger siblings [34]. Longitudinal research following children from preschool, middle childhood to early adolescence emphasised the change of child adjustment (i.e. internalising and externalising problems) in sibling relationships [27, 28, 52]. The influence of the family interactional system on the child's characteristics and behaviour and cognitive development is well documented [17–28, 31, 32, 37]. According to Cicirelli, the attention and responsiveness between subsystems in the home is held to be dependent on sibling structural features (i.e. age and age gaps between siblings, number of siblings and the gender composition of siblings) to the extent that cultural norms and family values prescribe certain roles for a given sibling position [21].

Bigner and Cicirelli suggested that children's perceptions of sibling power and function depended on sibling structure features [20, 58]. Cicirelli (1967–1978) emphasised on the efficiency of the educative aspect and problem-solving behaviour through the family communication and interaction pattern in sibling structure [17–22]. Most studies conducted by Cicirelli (1967–1993) indicated that older sisters were more effective teachers of younger siblings than were older brothers [17–25]. The importance of this finding implies three significant inferences: (a) the direct and indirect dyadic impacts of the mother-child relationship on child adjustment within sibling-sibling interactions; (b) the degree of reliability and responsibility given to older sisters and (c) there is a link between positive and effective mother-child interactions and the sibling structure (the gender of the older sibling) [17–26]. Family size showed no effect in the family interactional system [17–22].

4. Discussion

Taken together the appraisal of research into child development, behaviour and sibling relations, syntheses of the accumulative research correspond with literature

related to developmental personality traits, suggesting that CU behaviours are malleable to a certain degree and are largely influenced by the environmental cues in the child's psychosocial context across the child's development [8, 59–62]. The juxtaposition of the child and his/her environment has shown evidence to change in problem behaviour over time by targeting parental reflexive behaviour and response towards child problem behaviours as the milestone. However, it is also believed that parents and siblings are cause of the interpersonal affect that can lead to problem behaviour. From a developmental perspective, insecure parental relationships and conflict or negative sibling relations can hinder internal developmental factors such as emotional regulation, cognitive appraisals and coping responses, and thus, constitute limitations in the child's representations and ability to control mental and emotional processes. Immaturity in these areas may either protect or exacerbate reactions towards proximal factors through diminished means of coping [42].

In terms of influence on the child adjustment, Simpson and Belsky highlighted that emotional regulation strategies are evolutionary adaptive as they guide the child's capacity to cope with various rearing environments [39]. Schore and Schore pointed out that the central role of affect regulation in child development corresponds with the developmental and neurobiological notion of *differential susceptibility* [40]. Parenting skills and management are viewed as reciprocal processes going between the parent and children, including the positive and coercive processes which happen bidirectionally. Parents' problem parenting is an action that is causing the child's/children's problem behaviour. Poor parenting is viewed as a reaction from the parents towards the child's problem behaviour, by responding in a harsh manner or passively reacting to the child's/children's problem behaviour. Parents unable to communicate effectively with their child/children reflect a lacking ability in intellectual functioning or reasoning ability related to the problem behaviours. The short- and long-term impacts related to poor parenting in parent-child relationships expand to the child's networking and social relations with siblings, motivating problem behaviours from the child's own kind of personality. Simultaneously, rather than being affected by their environment, children with CU behaviours are changing their environment.

5. Tentative conclusions and future directions

Substantively, parental relationships and sibling relationships are interconnected by which involve variables that may evoke proximal risk factors, therefore, may underlie considerable moderators of heterogeneity in symptoms of subsequent maladaptive behaviour affecting the child's social and interpersonal functioning. Looking close across developmental and behavioural research, this chapter suggests that CU behaviours may be moderated through the intersubjectivity in parent-child and sibling-sibling interactions. Corresponding to Bandura's social learning theory (SLT), there are two specific processes to explain parental and siblings' reciprocal behaviours: verbal instruction and modelling [63]. Noting that the reciprocal social learning processes embedded in parental and sibling relationships have not been investigated extensively, fragmented psychological and social evidence leading to child adjustment across the literature are consistent with how Bandura states that 'internal personal factors and behavior ... operate as reciprocal determinants ... [as] people's expectations influence how they behave and the outcomes of their behavior change their expectations' ([63], p.195). Hence, this chapter suggests further empirical work to investigate the roles of *interaction* and *communication* in parent-child and sibling relations as key mechanisms for developing CU behaviours during childhood underlying *child's susceptibility* in defining the quality of the child's social and emotional learning experiences.

A further conjecture suggests the power of resiliency embedded in the parent-child and sibling bond by corresponding to Deater-Deckard et al., defining resiliency in childhood as ‘typical development in the face of adverse circumstances that propel others to deleterious outcomes ... genes and environments work together in promoting optimal development under nonoptimal conditions’ ([64], p. 49). This conceptual implication of resiliency underlies the notion of adaptability to adversity in parent-child and sibling relations evident across the literature. Pointing out that Rutter emphasised on the risk and protective *mechanisms* and *processes* in the developmental process of resiliency rather than identifying risk and protective factors [64, 65], it is therefore apposite to further investigate the developmental nature of ‘resiliency’ conveyed through intersubjective social and emotional competence in the parent-child-siblings’ network.

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Benefits and Constraints of Parent Involvement in Children's Reading Promotion: General Research Trends and Evidence from a Swiss Paired Reading Intervention Study

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Abstract

This chapter focuses on the benefits and constraints of parent involvement in children's reading promotion. The first part reviews the existing literature about the effectiveness of parent involvement in reading programs and identifies general trends of research findings. Given the fact that empirical evidence about the effectiveness of reading programs with parents is rather vague, usually lacking information about implementation fidelity, some explorative investigations about factors that might explain training success are presented in the second part. The investigations are based on data from a Swiss Paired Reading study where implementation fidelity was exhaustively examined. Children with very big gain ($n = 20$) and very little gain ($n = 17$) in reading fluency were compared regarding diverse aspects: child characteristics, parent characteristics (family background), and implementation factors. Results reveal that children benefiting from the reading program attached higher importance to reading in general, they read more in spare time and they reported higher effort during the training. The number of books at home also revealed to be a determinant factor. Yet, implementation factors gave no reason for explaining differences in improvement. The study discusses beneficial circumstances of parent involvement in reading programs.

Keywords: reading programs, parent involvement, effectiveness, struggling readers, paired reading, Grade 3, training success

1. Introduction

During school age, a considerable part of parenting consists in offering help for homework or other school-related matters. School relies much on this kind of support parents give to their children in everyday life. Parents are propitious persons to meet the individual needs of their child, and compared to school, family environment facilitates highly adaptive and intense one-to-one interaction with the child [1]. Parents usually consider it as their duty to help their child and, therefore, respond positively to invitations either from the school, teacher, or child [2]. Moreover, given the fact that reading is crucial for a successful and

fulfilled life [3], parents see it as a particular benefit to help their child develop his or her reading competence [4].

However, parental help for academic work is not unproblematic. First, parents usually lack the necessary content knowledge and pedagogical skills [4, 5]. Second, impulsiveness is higher in family than in school context, which easily can result in conflicts. Research showed that conflicts arise more frequently in families with struggling students (who need help most), sometimes due to bad grades or excessive academic expectations [6]. “Teaching-learning” situations are considered to be atypical at home, and they may disrupt sensitive parent-child relations if they occur too regularly with conflicts [7]. Finally, conflicts with parents can even have a negative impact on the child’s achievement [8].

Given this controversy about benefits of parental help in school-related settings, this chapter gives an overview of contemporary trends in empirical research about parent involvement in reading promotion. The focus lies on investigating the effectiveness of parental support in reading, and more specifically, in training methods like Paired Reading (PR) [9]. Favorable aspects for successful training are explored based on data from a recent PR study [10].

2. Impacts of parent involvement in reading programs

It is widely acknowledged that family background has an impact on the child’s reading achievement [3]. The most important background factors that are associated with academic achievement are socio-economic status, parents’ educational level, and migration background. In addition to those distal factors, proximal factors, such as cultural practices, parent-child communication, or number of books at home, are as much as significant [4, 11]. Therefore, there is much evidence to assume that family effects on reading are existent even without any planned efforts through intervention. But how about reading interventions that involve parents actively? In the following, an overview on recent literature about the effectiveness of reading programs involving parents is presented.

2.1 Effectiveness of reading programs involving parents

Research on parent tutoring has been reported since the 1970s, but reviews usually found severe design problems and limited descriptions of intervention characteristics in earlier studies [12]. Recent studies and meta-analyses have been much more rigorous, this applies also to the domain of reading promotion. Most of the reading programs that involve parents are subsumed under the term “family literacy programs.” Family literacy programs basically aim at extending literacy experiences and improving reading of children outside school to prevent delays in children’s literacy development [13]. They emphasize the intergenerational character of language and literacy learning to acquire skills and cultural practices valued in the community. However, the field of such programs is quite large, and programs can include a broad range of activities and address different target groups. An important number of family literacy programs focuses on preschool children and include activities such as shared book reading [14]. Though, there are some programs that focus on children at school (formal education), sometimes establishing a cooperation between home and school.

2.1.1 Meta-analyses on studies at preschool

The meta-analysis of [15] focusing on parent-preschooler reading (joint-book reading activities) found an overall effect size of $d = 0.59$ for language growth,

emergent literacy, and reading achievement on a basis of 34 studies. The effects did not depend on socio-economic status of families or on methodological features of the reviewed studies. Reference [16] that reviewed 16 studies on dialogic book reading with preschool children showed moderate effects on vocabulary, but only for very young children (under 4 years) and for children who were not at risk for language impairments. The meta-analysis of [17] also focused on 15 family literacy programs in early childhood (preschool) and reported overall weak effects on code-related ($d = 0.24$) and comprehension-related ($d = 0.17$) measures. The authors found that studies that were methodologically less sound (e.g., no randomization) had generally higher effects. Other moderator analyses testing differential effects due to program or study features showed no significant differences. The meta-analysis of [18] focused on 67 interventions promoting word-learning and vocabulary at preschool and kindergarten. The effect size for instructions provided by parents was $d = 0.76$. Finally, a work of [19] focused on bilingual family literacy programs reporting the effects of three studies, most of them conducted with preschool children. Given the limited number of studies, they did not conduct a meta-analysis but still highlighted the potential and importance of bilingual family literacy programs in a world of transnational movement.

2.1.2 Meta-analyses for formal (primary) education

So-called family literacy programs at primary school are infrequent. To our knowledge, there is only the meta-analysis of [12] that focused on parent tutoring in reading at primary level. The author investigated a total of 37 studies differentiating between group and single-subject studies. In most cases, outcome variables were reading fluency, word recognition, reading comprehension, or mixed measures. The mean weighted effect size for group design studies was $d = 0.55$, and for single-subject studies, the median percentage of non-overlapping data (PND) was 94%, which can be interpreted as very effective [12]. Only one treatment characteristic (length of training) moderated the outcome, the others which were examined (written instruction, modeling, supervised practice, duration of training session, opportunities for consultation, and monitoring) did not. Likewise, study features such as grade, skill area, and the type of assessment were investigated as possible moderators of outcome, without any effects found.

2.1.3 Meta-analyses focusing on both preschool and formal education

A few meta-analyses included studies of both preschool and formal education level. Sénéchal and Young [14] reviewed 16 studies on parent-child reading activities from kindergarten to Grade 3 and differentiated between (a) parents reading to their children ($d = 0.18$), (b) parents listening to their children read ($d = 0.52$), and (c) parents tutoring their children in specific reading skills ($d = 1.15$). Moreover, the authors found that the more children and parents were actively involved in the activities (e.g., dialogic reading), the higher were the effects. However, the duration of the intervention, reading level of children, and socio-economic background did not moderate effectiveness. Another meta-analysis of [13] including 30 studies on family literacy programs found a small but significant overall effect of $d = 0.20$ on reading skills. Effects on comprehension-related skills were a bit higher than on code-related skills (decoding and fluency). Programs at primary school level were more effective than at preschool. Again, randomized studies showed lower effects.

To sum up, the meta-analyses investigating the overall effects of family literacy programs globally indicate rather heterogeneous findings going from small ($d \geq 0.20$) to high effects ($d \geq 0.80$), certainly due to diverse methodological

procedures and study basis. However, there is a tendency that recent studies show lower effects because of stronger orientation on school practice and higher methodological standards [20]. A more recent study of [21] that fulfills high standards of methodology (quasi-experimental design, controlling for cognitive abilities, and family background variables) with $N = 713$ primary students (Grade 4) found effects on reading motivation for one part of the sample that involved parents into the reading homework, but no effects on reading comprehension or reading self-concept were found. A Canadian study that involved parents in a summer book reading program with students from Grades 3 and 5 found moderate effects on reading comprehension, fluency, and receptive vocabulary [22]. A recent German study found small, but significant effects on reading comprehension of first graders and moreover detected positive effects on parent self-efficacy beliefs [23]. Some studies highlight the importance of emotional aspects when parents read with their child. For example, [24] found that affective quality of shared reading in the first grade contributed significantly to the child's reading of challenging texts in the third grade. Thus, it seems to be crucial in which way parents interact with their child during reading activities ([25, 26] see Section 3.2). Furthermore, there is evidence to believe that family literacy programs, without explicitly addressing children's behavior, may equally have a significant impact on the social-emotional development of children [27].

2.2 Effectiveness of Paired Reading (PR) with parent tutors

PR, developed by Topping [28], is a method that focuses on training reading fluency, which is considered to be a precondition for acquiring reading comprehension [29, 30]. The method consists of guided oral reading in a one-to-one tutoring, which is particularly beneficial for struggling readers. The procedure of the training is highly structured, integrates error correction, and it takes also into account the importance of motivation in learning by offering the child the possibility of self-initiated sequences of reading alone [31]. Furthermore, the tutor gives positive feedback whenever the child reads a difficult word successfully, which enhances learning [32]. PR is ideal for reading promotion in the family environment, in case, parents receive training in advance—a prerequisite which accounts for any type of reading program [33, 34].

The only systematic literature review on PR at elementary school level was conducted by Topping and Lindsay [35], however, without specifying tutor type (parent/volunteer) or reading ability of the target group. The authors reported overall positive effects on reading accuracy and comprehension (in terms of mean ratio gains); however, many studies did not have an experimental design and if so, the effects were smaller. Though, many of the reviewed studies lacked in detailed description of methods (training course yes or no, duration of program, target group, etc.), which makes it difficult to draw conclusions for practice. In a more recent publication, [36] reported mean effect sizes for parent tutored projects of $d = 1.6$ (accuracy) and $d = 1.4$ (comprehension).

Recent studies about PR with parent tutors have a sounder methodological basis (all of them have an experimental design), and some provide information about child and family characteristics and/or aspects of implementation. In general, the authors reported positive effects of PR conducted by parents. A South African study found increased reading accuracy and comprehension for fourth graders struggling with reading [37]; a Chinese study reported better word recognition and reading fluency for preschool children [38]; a Canadian study detected effects on general academic abilities and phonological awareness but no effects on reading

ability at kindergarten level [39]; a US American study with second, third, or fourth graders struggling with reading only found effects on reading accuracy, rate, and comprehension for children who completed the training as intended ($n = 7$) [40]; and finally, our own study comparing parent and volunteer tutors ($N = 198$ third graders) revealed only effects of the volunteers' group on reading fluency ($d = 0.21$); however, the effects did not last at follow-up (5 months after posttest). Thus, children who trained with parent tutors did not develop significantly better than the control group [10].

2.3 Evidence from the revisited literature

The aim of this literature review is to give an overview on research about family reading programs, and more specifically, about PR, without reporting details of each work. What this review brings to light though is that it is difficult to establish conclusions about the effectiveness of parents' activities to promote reading of their children. In sum, meta-analyses have brought evidence for the effectiveness of parental involvement in reading promotion and mostly report small, but significant effects. However, those meta-analyses are usually based on studies with diverse program characteristics (age, target group, type of program, duration, etc.) and substantial methodological discrepancies among the studies (small sample size, self-selected samples, lack of random assignments to conditions, etc.). Furthermore, implementation quality (quality of instruction and implementation check) was hardly ever considered in those studies [41], although it is assumed that the participants of a program conduct it in quite different ways [42]. Thus, the effects need to be interpreted with care; the variability in implementation fidelity might partly be responsible for the wide variability in the effects found [43]. Moreover, providing evidence for differential effects between programs (e.g., program/training duration) is somehow problematic, if implementation fidelity has not been considered [44].

Possibly, well-instructed parents can conduct reading programs successfully, but in the light of the problematic aspects of parent involvement in academic work highlighted in the introduction, a careful consideration of individual prerequisites and processes of program implementation that could explain training success (or failure) is needed. Understanding which specific factors are likely to lead to a successful training outcome would help to implement parent reading programs in a more purposeful way.

3. Investigating relevant factors for training success

To date, little is known about differential effects of reading programs involving parents; only a few studies investigated factors that moderated program outcomes. In the following, findings of previous studies about differential effects are gathered and completed by assumptions that can be deduced from widely recognized theories or evidence-based findings about the factors that foster learning, distinguishing between child characteristics, parent characteristics, and implementation factors (for an overview, see **Table 1**).

3.1 Child characteristics

Do effects of parent reading programs depend on the child's reading performance? There is quite a broad evidence about individual differences in the

Domain	Theoretical concept	Literature
Child characteristics	Initial reading level	[45, 46]
	Reading motivation	[47, 48]
	Reading frequency	[49]
	Utility value (e.g., importance of reading)	[50, 51]
	Effort/volition	[52, 53]
Parent characteristics	Socio-economic and occupational status	[3, 41, 43]
	Cultural capital (e.g., number of books)	[3, 54]
	Expectations regarding the child's reading ability	[55–57]
	Expectations regarding the training success	[4]
Implementation	Intensity of training	[33]
	Implementation fidelity (is the program implemented as intended—technical and motivational aspects; scaffolding)	[32, 44, 58, 59]

Table 1. *Supposed differential effects for child characteristics, parent characteristics, and implementation factors.*

acquisition of literacy between good and poor readers [45, 46]; but we do not know much about differential effects of programs depending on the child's reading level. One meta-analysis focusing on preschool level reported moderate, but substantially reduced effect sizes when children were at risk for language impairments [16]. In our own study comparing parent and volunteer tutors' effectiveness in a PR training for children with poor reading fluency¹, we only found differential effects in the volunteer condition, saying that children with an initially higher reading level benefitted more from the training (at posttest: $d = 0.47$; at 5-month follow-up: $d = 0.39$). However, this effect could not be found within the parent group [10].

Besides the initial reading level, it is assumable that the child's general disposition toward reading, which can be reflected in reading motivation and reading frequency during spare time, is relevant for training success. Knowing that reading performance and motivation correlate in a moderate way, we can assume that poor readers are not very motivated readers and thus do not necessarily read for pleasure [47, 48]. Though, if there *are* differences among struggling readers, possibly children who are more motivated readers and read more frequently would benefit more from a training. This assumption is supported by a study that found reading behavior to be a critical variable in explaining differential pathways in reading competence development [49]. Furthermore, perceived utility values like the importance that a child attaches to reading might be beneficial for training outcome [50]. When specifically addressed within interventions (by reflecting personal relevance of a matter for future; in this particular case: math), utility values even turned out to be an important factor to foster self-concept and achievement [51]. Thus, it is assumable that children with higher utility values attributed to reading might benefit more from the training. Always in relation with motivational aspects mentioned previously, it is relevant which effort one puts into a task. The role of volition in learning has been studied in detail by many scholars (e.g., [52, 53]) but still seems to be much neglected in learning situations. However, in reading programs, and particularly

¹ Children with dyslexia were not supposed to participate.

in family context, the volitional disposition of the child is a crucial factor that might explain training success or failure.

3.2 Parent characteristics

The empirical evidence whether parent characteristics might be responsible for differential effects of reading programs conducted by parents is unclear. Several researchers (e.g., [6, 43, 54]) investigated the assumption that high-SES parents might be more skilled in implementing family literacy programs than low-SES parents, because they are more likely to dispose of the required strategies (e.g., sensitivity and responsiveness) [26]. However, findings are inconsistent [41]. Studies that examined differential effects of SES found that SES or family income did not moderate program effects [15, 38] (both at preschool level). Still, the empirical evidence is scanty, and further research, especially for primary school level, is clearly needed. Associated factors, related to the family background, might be the parents' occupational status and cultural capital [1, 55]. Besides these factors, proximal factors such as parental expectations play a prominent role in predicting child achievement (e.g., [56–58]). The extent to which parental expectations moderate training effects is a question that still needs to be investigated. At least one study showed that parental expectations regarding the training success was significantly higher for parents of children with lower reading performance [4]. Whether higher expectations moderate training success still need though to be empirically established.

3.3 Implementation factors

The impact of implementation fidelity on program effectiveness has already been discussed previously. Thus, differential effects on training success can be expected from implementation factors like the total instructional time or number of training sessions held (intensity/duration of training), or other aspects of program content (is the program implemented as intended?). However, previous research showed that higher training intensity (in terms of quantity of training sessions) or duration of training (in terms of weeks or months) is not necessarily associated with training success [33, 59]. In our own study, the number of training sessions was not a significant predictor of reading outcomes nor did it moderate them [10]. This finding is in line with some meta-analyses [14, 17], but not solely (e.g., length of training moderated outcome [12]). Besides this, little is known about the aspects of implementation fidelity other than intensity that would explain program success, especially in reading programs involving parents. A peer and cross-age tutoring PR study that investigated this topic revealed no significant positive correlation between any core element of PR implementation and progress in attainment [60]. However, implementation that considers motivational aspects of learning (e.g., provide positive feedback) [32] actively involves the child into reading activities [14] and applies thoroughly scaffolded tutoring procedures (Cohen et al. in Topping et al. in [60, 61], p. 241) that are supposed to foster reading, presumably would bring higher training effects.

Altogether, the question about relevant factors for training success in programs that involve parents is still much of a mystery. To date, only few studies investigated differential effects within family literacy programs. Therefore, in the following, the previously presented assumptions about possible factors that explain training success will be explored on data of a PR study with third graders.

4. Explorative investigations on data of a Swiss PR study²

The investigated data are derived from an extracurricular PR study with third grade students ($N = 198$) conducted in Switzerland from 2014 to 2015. The target group consisted of students struggling with reading fluency who were determined as “in need for training” by means of a standardized screening test and by their teachers’ perception. A randomized control field trial with two experimental groups (parent tutors and volunteer tutors) was conducted (pretest, posttest, and follow-up). The findings showed that children who trained with volunteer tutors developed significantly better reading fluency after 20 weeks compared to the children with parent tutors and control group [10]. Great efforts were put into checking treatment fidelity, by collecting self-reported data (questionnaires and record books), and observational data (video-taped). Most of the participants conducted the training as intended. However, the variability of implementation fidelity among the participants was rather high, also among parent tutors [42]. Moreover, some children with parent tutors still showed high gain in reading fluency. Therefore, the present investigations focus on possible differences between students within this condition (parent tutor) with very low and very high gain in reading fluency. The following research questions are addressed:

1. Do students with very little and very big gain in reading fluency differ in relevant child characteristics?
2. Do their parents differ in relevant characteristics such as family background variables and expectations?
3. Do the training intensity and implementation fidelity of the two groups differ?

5. Method

5.1 Sample

The present investigations focus on students who conducted the training in the parents’ condition. $N = 67$ students at Grade 3 did the PR training with a parent tutor (57 with their mother, 7 with their father, 2 with another legal guardian, and 1 student with missing information). Fifty-six pairs met the basic requirement of having conducted at least 40 training sessions, and therefore, were considered for the following analyses. The students were divided into terciles according to their gain in reading fluency. Reading fluency was measured with a standardized German test called LDL ([62]; see Section 5.2.1). The students read the same text at each measurement points. The test counts the correctly read words within 1 minute. Reading gain was calculated as the difference between the individual raw score at pretest and posttest (Min. = -2 , Max = 47, $M = 13.68$, $SD = 10.20$). To address the above research questions, the group with very little gain (tercile 1, $n = 20$) and the one with very big gain in

² I wish to mention at this point my esteemed colleagues who were actively involved in this research project: Annette Tettenborn, Alois Niggli, Silke Hauri, Catherine Näpflin, Isabelle Hugener, Erich Hartmann, and Kathrin Krammer.

	Tercile 1 Little gain in reading fluency (N = 20)	Tercile 3 Big gain in reading fluency (N = 17)	Statistical comparison
Sex (male)	65.0%	76.5%	$z = -0.75, p = 0.45$
Age	8.83	8.83	$z = -0.29, p = 0.77$
Reading fluency T1	31.50	36.00	$z = -0.81, p = 0.42$
Reading fluency T2	37.00	63.00	$z = -4.55, p < 0.00$
Vocabulary T1 ¹	32.50	33.00	$z = -1.03, p = 0.30$
Cognitive abilities T1 ²	62.50	66.00	$z = -0.06, p = 0.95$

¹Assessed by a subtest of the standardized SET 5–10 [63].
²Assessed by non-verbal test called CFT 1-R [64].

Table 2.
 Descriptive data of the two groups (little and big gain in reading fluency).

reading fluency (tercile 3, $n = 17$) will be compared. **Table 2** shows the results of a statistical comparison of relevant child characteristics of the two groups. In the total sample ($N = 198$), boys were overrepresented (62.1%). The percentage of boys in this subgroup is even higher (see **Table 2**). Whereas the groups do not differ in reading fluency at pretest (T1), they significantly do at posttest. No significant differences were found for any other individual characteristic relevant for reading development.

5.2 Instruments

In the following, instruments used for measuring aspects, which are supposed to be responsible for differential effects on training success, are presented.

5.2.1 Child characteristics

5.2.1.1 Reading level at pretest

The assessment of the reading level at pretest relied on the standardized test LDL [62]. The instrument used for assessing reading fluency was already presented (see Section 5.1).

5.2.1.2 Reading motivation

Several aspects of reading motivation were measured. For this comparison, the dimension of achievement-oriented reading motivation was used (e.g., “I read to get better in reading”; four-point Likert-type scale, according to an earlier version of the scale published in [65]). The scale showed a satisfactory reliability with Cohen's $\alpha = 0.80$.

5.2.1.3 Reading frequency

The children reported on their reading behavior during spare time with a single item on a three-point Likert-type scale (“How often do you read in your spare time?”). The item was self-constructed (1 = almost never or never; 2 = about once a week; and 3 = almost every day).

5.2.1.4 Importance of reading

The utility value children attached to being a good reader was measured on a four-point Likert-type scale with a single item (“To be a good reader is important”), also based on an earlier version of the scales published in [65].

5.2.1.5 Self-reported effort

Three times during the intervention, children reported in a short questionnaire at school on a four-point Likert-type scale the effort which they had put into the last training session (self-constructed item: “I made an effort to participate actively during the training session”). Of the three reported measures, a mean value was built.

5.2.2 Parent characteristics

5.2.2.1 Socio-economic background of parents

Before the training started, parents reported in a questionnaire the professional occupation of the child’s mother and father. Each parent was attributed an index according to a standardized classification of occupations (International Socio-Economic Index, cf., [66]). For analyses, the highest index between the parents was used (HISEI).

5.2.2.2 Number of books at home

In addition to the socio-economic background, parents also provided an estimation of the quantity of books in their home, which allows getting an idea of the cultural capital of the family. In response to the question “How many books do you approximately have at home?”, parents could choose among the following four categories: 1 = 0–10, 2 = 11–50, 3 = 51–100, and 4 = more than 100 books (cf., [67]).

5.2.2.3 Parents’ expectations

This measure refers to expectations regarding the child’s general reading proficiency and expectations regarding the training success. The first one was assessed by an item adapted from Helmke and colleagues’ parent questionnaire [68] (“What expectations do you have toward your child’s reading proficiency?”) with five possible answers ranging from 1 = “It is sufficient if my child gets by in reading” to 5 = “He/she should be a top reader.” Expectations regarding the training success were measured by a self-constructed item (“This PR program helps to improve reading” (four-point Likert scale).

5.2.3 Implementation factors

5.2.3.1 Training intensity

The parent tutors provided the total number of training sessions by means of a record book (each training session was noted). About 83.6% of the pairs (children with parent tutors) met the basic requirement of having conducted at least 40 training sessions. Pairs who did not meet this requirement were excluded from the analyses.

5.2.3.2 Implementation fidelity

To measure implementation fidelity, observational process data were used (video tapes). A video of one training session of almost each pair was available (parent tutor condition: $n = 54$ of 67 pairs in total, in the reduced sample for group comparison: $n = 28$ of 37 pairs). Aspects of treatment fidelity were coded by means of low and high inference category systems. Two independent and reliable coders were involved (intercoder agreement: $>85.0\%$; generalizability coefficient: >0.92) [69]. The aspects reported here are core elements of the PR method: guided oral reading (proportional amount of reading together simultaneously), error self-correction (proportional amount of error correction with possibility for the child to correct himself/herself), synchronicity speed (high inference coding ranging from 1 = very low synchronicity to 4 = very high synchronicity in reading), and positive feedback (dummy-coded, 0 = no positive feedback at all during training, 1 = parent gives one or several times positive feedback).

6. Results

6.1 Intercorrelations

In a first step, intercorrelations were calculated to investigate the associations between gains in reading fluency (pretest to posttest) and child and parent characteristics. For this analysis, the sample of children who had trained with parent tutors and conducted at least 40 training sessions was used ($n = 56$). The variables that correlated with *gains in reading* were *reading frequency* ($r = 0.35, p = 0.012$), *importance of reading* ($r = 0.32, p = 0.016$), and *child's effort* ($r = 0.35, p = 0.009$). Other statistically significant correlations were found between the *importance of reading* and *reading frequency* ($r = 0.46, p = 0.001$), *importance of reading* and *reading motivation* ($r = 0.45, p = 0.000458$), *number of training sessions* and *reading frequency* ($r = .34, p = 0.015$), and finally *parents' occupational status* and *number of books at home* ($r = 0.42, p = 0.001$). *Parental expectations toward the child's reading* are significantly, but negatively associated with the *amount of guided oral reading* ($r = -0.36, p = 0.019$), the *expectations toward training success*, and the *number of training sessions* correlated positively ($r = 0.30, p = 0.027$).

6.2 Comparative analyses between children with little and big gain in reading fluency

In order to address the research questions, comparative analyses were conducted with children who showed very little gain ($n = 20$) and very big gain in reading fluency ($n = 17$) (see **Table 3**). The two groups were compared in regard of several characteristics and factors relevant for training success (see Section 3 of this chapter). For this purpose, the non-parametric Mann-Whitney U test was applied, usually used for variables that are not normally distributed.

The results presented in **Table 3** show that children with high training success read considerably more during spare time and attached more importance to being a good reader than their counterparts who did not benefit a lot from the training. Furthermore, they reported clearly higher values for the effort they made during the training sessions. The three comparisons represent medium to strong effect sizes. The groups did not differ in the initial reading level or in reading motivation (achievement-oriented). As for the parent characteristics, the two groups differed considerably in the number of books at home. However, no explicit differences were

	Little gain in RF Median (<i>n</i> = 20)	Big gain in RF Median (<i>n</i> = 17)	Statistical comparison (Mann-Whitney <i>U</i> test)	Effect size (Pearson's <i>r</i>)
<i>Child characteristics</i>				
Reading fluency T1 (<i>n</i> = 37)	31.50	36.00	$z = -0.81, p = 0.42$	0.13
Reading motivation T1 (<i>n</i> = 37)	3.50	3.50	$z = -0.50, p = 0.61$	0.08
Reading frequency T1 (<i>n</i> = 33)	2.00	3.00	$z = -2.24, p = 0.02$	0.39
Importance of reading T1 (<i>n</i> = 37)	3.00	4.00	$z = -1.98, p = 0.05$	0.33
Self-reported effort (<i>n</i> = 36)	3.33	3.67	$z = -2.86, p < 0.00$	0.48
<i>Parent characteristics</i>				
¹ HISEI (<i>n</i> = 37)	52.00	52.00	$z = -0.95, p = 0.34$	0.16
Number of books at home (<i>n</i> = 37)	3.00	4.00	$z = -2.09, p = 0.04$	0.34
Expectation toward child's reading T1 (<i>n</i> = 31)	3.00	3.00	$z = -0.69, p = 0.49$	0.12
Expectation toward the training T1 (<i>n</i> = 35)	4.00	4.00	$z = -0.36, p = 0.71$	0.06
<i>Implementation factors</i>				
Intensity (no. of training sessions) (<i>n</i> = 37)	51.00	52.00	$z = -0.70, p = 0.48$	0.11
Guided oral reading (<i>n</i> = 28)	0.73	0.76	$z = -0.32, p = 0.75$	0.06
Self-correction (<i>n</i> = 28)	0.43	0.45	$z = -0.25, p = 0.80$	0.05
Synchronicity speed (<i>n</i> = 27)	4.00	3.25	$z = -0.80, p = 0.42$	0.15
Positive feedback (<i>n</i> = 28)	1.00	1.00	$z = -0.28, p = 0.78$	0.05

¹HISEI, parents' Highest International Socio-Economic Index.

Table 3.
Between-group analyses: children with little and big gain in reading fluency (RF).

found between parents' expectations toward the child's reading skills or success. Also, parents of the two groups did not differ in their occupational status. When it comes to implementation factors, no difference was found between the groups. Thus, none of the investigated aspects of implementation gives explanation for training success.

The conducted analyses are explorative; therefore, no correction for multiple testing was used. Even the difference found for self-reported effort would have, scarcely though, missed the required significance level of $p < .004$. However, in explorative procedures, correction for multiple testing is not systematically requested, but it must be considered that statistical significance could be at random.

Subsequently, we tested whether the variables which showed significant differences would moderate training outcome. For this purpose, we run regression analyses with the total sample (intervention $n = 56$, control $n = 67$) predicting reading fluency at posttest and controlled for initial reading fluency, cognitive abilities, vocabulary, and parents' occupational status (HISEI). Children of the intervention group (training with parent tutors) were compared to the control group (dummy

variable). However, when each of the variables (reading frequency, importance of reading, and number of books, except for self-reported effort because no data available of the control group) were introduced separately into the model, and additionally, interaction terms with the intervention group were built, no moderator effect for any of the four variables could be found.

7. Discussion of the results

The here presented explorative investigations about the factors that possibly explain training success in the family context try to scrutinize the benefits of parents acting in reading promotion. For this purpose, aspects of three domains aspects of three domains were examined: child characteristics, parent characteristics (family background), and implementation factors. First of all, the findings indicate that the training success obviously depends on the child's disposition who receives the training (child characteristics). This is not a surprising, but still neglected aspect when the effectiveness of reading programs is investigated—this accounts for any kind of reading program, not only programs involving parents. Thus, it is important that people who deliver a reading program should work on the children's utility values before and during the program (e.g., the study of [51]). Possibly, benefits would be higher if other people than the parent (e.g., program deliverer, teacher, etc.) explain to the child why reading is important for life, unless parents themselves really are committed to this. As the child's effort appeared to be a relevant factor for training success too, it would be worth developing strategies to stimulate effort. One possibility is to adapt training rhythm (e.g., duration of each training session) in order to avoid fatigue and unproductiveness. Another could be to use strategies that motivate the child to make an effort during the training session [21, 70]. The factor "reading frequency" is probably more difficult to address in interventions. High reading frequency probably acts as a precursor and reflects the willingness of spending time with reading, which in turn moderates the gains in reading competence [49]. Though, willingness represents an individual disposition, which is more complex to address.

As for the lacking differential effects due to initial reading level, this finding replicates the results found with the total sample of the intervention program (cf., [10]). It can be interpreted that the severity of reading difficulties makes no difference for training success when parents act as tutors, this counts at least for struggling readers such as in our sample. However, the objective of any intervention to foster the most struggling students could not be attained. Thus, this finding raises doubts about the effectiveness of parents helping their struggling child (cf., [6, 7]).

Interestingly, among the parent characteristics, only the number of books at home was clearly different for the children with little and high gain in reading fluency. However, the same result could not be found for parent's occupational status which is also a relevant aspect of family background and was even associated with the quantity of books. Therefore, our findings reflect the discrepancy of the findings of earlier studies about this matter [41]. Nevertheless, it is possible that the number of books expresses a favorable attitude toward reading which in turn is beneficial for training success, whereas this benefit is not necessarily given with a higher occupational status. Furthermore, even though it is widely acknowledged that parents' expectations influence children's academic outcomes, no differential effect of expectations on training success was found. Parents' expectations were equally high in both groups. However, this information was reported by parents before the training started. Presumably, expectations change during the training according to the progress or stagnation of the child's reading skills.

Finally, none of the implementation factors turned out to be relevant for explaining training success. Apparently, the technical aspects as much as the intensity of conducting a training seem not to be crucial factors. Even the variable “positive feedback” which is supposed to promote a motivating climate did not reveal a considerable difference between the two groups. The objective to provide evidence for training success in relation with implementation fidelity remains still a big concern of intervention research (see [60]).

Even though differences between the two groups are discussed, it must be remembered that no interaction effects could be found. Thus, the interpretations remain vague. Further investigations are clearly needed. Of course, training success surely does not depend on single factors. Rather, we suppose an entirety of factors leading to training success. To verify this, large sample sizes are needed, which is challenging in intervention studies. Moreover, the initial reading ability of the children (e.g., struggling vs. normal readers) must absolutely be considered; it is supposed that particularly struggling readers at primary school level and above might not benefit from conducting a training with their parents. After all, expectations toward parents’ effectiveness should probably be relativized in the light of the current state of research presented above (see also our own study comparing parent and volunteer tutors: [10]).

8. Conclusions

This chapter reviews the existing literature about the effectiveness of reading programs involving parents and investigates explanation for training success within a Swiss Paired Reading study. The chapter shall contribute to gain a better understanding of benefits and constraints to promote reading in the family environment. To date, only few studies investigated differential effects of reading programs that involved parents.

Altogether, research literature presents small, but significant effects of programs that involve parents to promote their child’s emergent literacy and/or reading skills. However, the findings must be interpreted with caution because many studies evaluated within meta-analyses show methodological weaknesses and implementation fidelity is often neglected. Hence, there is a need for more research on such kind of reading programs that follow high standards of field research [71] and evaluate programs before, during, and after implementation [72]. Data of our PR study identified some possible factors that explain training success: the importance the child attaches to reading competence, the child’s self-reported effort, reading frequency during spare time, and the number of books at the family’s home. However, the relevance of these factors still needs to be verified with larger samples.

To sum up, the effectiveness of parents in reading programs is still questionable. Obviously, the direct impact of parental activities on academic outcomes is small, particularly for struggling readers [10]. However, parental activities that offer children a stimulating learning environment and rich literacy experiences *before* entering school can have sustained effects [73–75]. Moreover, reading activities at preschool level are not shaped yet by achievement-oriented objectives, but they are embedded in a more supportive and affective context (e.g., shared book reading), which fits the family context better. Instead, at primary school, parents are more focused on achievement and are likely to exert more pressure in case of low achievement level, which creates unfavorable conditions for learning. By all means, reading programs that involve parents need to carefully examine child characteristics as much as parental aspects, in order to ponder whether the activities could realistically lead to program success.

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Partnership Working between Home and School

Michelle Samantha Brinn

Abstract

This chapter will explore the concept of home school partnerships within British early years education. The advantages of effective relationships between home and school will be briefly outlined before the historical development of the concept discussed. It will be argued that home school interactions are historically situated within a deficit paradigm, wherein a desire to overcome social inequality is paramount. Consequently, enhancing learning through continuity and cohesion between home and school learning practices dominate professional perspectives on school-home relationships. Due to the growing influence of social constructivism, the relative position of parents within this exchange has changed over time and led to the inception of partnership working. Nonetheless, partnership working between home and school remains fraught with practical and conceptual complexities and may necessitate the mutual renegotiation of the constructs of ‘parent’ and ‘professional’. In turn, any renegotiation may require an understanding of the habits of thought underlying these constructs, as well as the time and space for renegotiation. Finally, overcoming inequality, the driving force behind current patterns of partnership working, may depend on systemic change, beyond enhancing the home learning environment, which the emphasis on partnership working may disguise.

Keywords: parental partnerships, home-school interactions, partnership working, early years, early childhood education, pre-school interventions

1. Introduction

Within UK Early Years literature, it is often noted that a child’s parents are their first and foremost educators [1–3]. It is also observed that developing strong and positive relationships between the child’s ‘first educator’ and their subsequent, school-based educators is highly beneficial. This concept is not unique to the UK. A quick internet search using the search terms ‘the benefits of home school partnership’ draws numerous results from across the globe, all outlining the many advantages of good relationships between a child’s caregivers and their professional educators. Within these global sources, the benefits to the child are foregrounded and include, increased motivation; improved attitudes towards learning; enhanced self-esteem; greater confidence; increased resilience; fewer behavioural problems and improved grades [4–6]. However, benefits for parents and teachers are also noted. For parents these include improved relations with the school, an increased understanding of their child’s education and greater confidence in their abilities to support their child’s learning at home. Similar benefits are also noted for

teachers whose job satisfaction is enhanced through stronger and more positive relations with parents and an increased understanding of the child. These conclusions reflect those of numerous academics and researchers (For example, see [7–14]). Furthermore, the benefits are observed in families from diverse cultural, ethnic, linguistic, and socio-economic backgrounds [6]. Consequently, it is easy to understand the global drive to enhance relations between home and school.

Nonetheless, despite the enthusiasm for effective interaction between home and school, the concept is not without practical and conceptual complications [9, 14–16]. For both parents and practitioners, a greater understanding of these complexities may improve relationships and can be gained through an exploration of the dominant paradigms underlying home school interactions within British early years education. Whilst focusing predominantly on early years education, this chapter will explore issues of value to parents and educators of any age child. As a British trained educationalist, much of the literature and policy used within this chapter comes from the UK. Nonetheless, the conclusions have implications for parents and practitioners across the globe. Furthermore, the concepts discussed have relevance for all professionals working in close relationship with the parents of young children, whether they be educationalists, health or social care professionals.

Please note: For the purpose of this chapter the term parent is used according to Section 576 of the British Education Act 1996 in which a ‘parent’ is defined as any person, whether or not they are the child’s ‘biological parent’, that has parental responsibility, or who has care of the child. This is further defined as:

‘A person typically has care of a child or young person if they are the person with whom the child lives, either full or part time and who looks after the child, irrespective of what their biological or legal relationship is with the child’ [17].

There exist many different types of educational practitioner and establishment looking after the care and education of children under the age of statutory schooling in the UK. However, for fluency and ease, the terms ‘schools’ and ‘teacher’ are used to refer to all forms of early childhood setting or practitioner. However, as noted above, the conclusions of this chapter are not limited to education professionals but are relevant for all professionals working closely with parents.

2. Continuity, cohesion and narrowing the educational gap

It can be argued that positive relationships between home and school have often been characterised in terms of continuity and cohesion between the contexts of home and school [7–9]. This is deemed necessary because the learning practices within these two contexts can be perceived as distinct. In her seminal book ‘Children’s Minds’ [7], Margaret Donaldson noted that for young children, the dominant forms of thought found at home and school can be very different. Donaldson observed that schools favour a more ‘disembedded’ form of thinking, rooted in the abstract signs of the written word and mathematical symbol. This is distinct from the more contextualised and embedded form of thought natural to young children in other contexts, especially the home. Nonetheless, homes rich in parent–child communication, diverse literacy practices and exposure to number contain plentiful opportunities for both types of thought. Consequently, children whose home environment fosters a familiarity with disembedded thought are more school ‘ready’ and have an advantage over children whose home life has not adequately ‘prepared’ them for the forms of thought found in school. Since it was first documented, this association between a child’s home environment and learning outcomes at school has profoundly influenced how educationalists view home school relationships.

Since the 1960's, it has been observed that, compared to children from higher socio economic backgrounds, children from lower socio economic backgrounds are less likely to experience a home life rich in language, print and number and are thus less likely to be 'school ready' [18]. Furthermore, the comparable quality of a child's home learning environment remains a significant influence on educational outcomes throughout a child's schooling [3, 8, 11, 19]. Consequently, beginning in the 1960s and 70s, efforts have been made to improve school outcomes for working class children by 'preparing' them for the 'language' of school through preschool intervention programs, such as compensatory education in the UK [18] and the High Scope program in the USA [20]. Since that time, the association between the quality of the home learning environment, parental socio-economic status (especially poverty) and positive outcomes for the child, has dominated concepts of home and school interaction within British early years education and shaped government policy.

Fundamental to Early Years policy within the UK is the concept that educational outcomes for disadvantaged children can be improved through the creation of high-quality early learning experiences, both at home and school. This is critical to reducing social inequality by 'narrowing the gap' between the school readiness of children from different socio-economic backgrounds [21, 22]. This is evident within the Early Years Foundation Stage Statutory guidance published by the Department of Education, which states, 'Every child deserves the best possible start in life and the support that enables them to fulfil their potential ... Good parenting and high quality early learning together provide the foundation children need to make the most of their abilities and talents as they grow up' [23]. Consequently, there has been a drive to enhance the quality of early childhood provision *and* the quality of the home learning environment through parent and professional collaboration. The latter aim underlies many early childhood initiatives and organisations in the UK, such as the National Children's Bureau [19], the Early Learning Partnership Parental Engagement Group [24], the Parents, Early Years and Learning (PEAL) project [2] and Peers Early Education Partnership (PEEP) [12]. Attempts to enhance educational outcomes through parent and professional cooperation (epitomised by the Sure Start initiative launched in 1998 by the Labour Government) has been recognised by EY specialists worldwide as 'probably the most ambitious attempt of any government to improve the outcomes of children living in disadvantaged areas' [25, 26]. Improving educational outcomes for disadvantaged children by enhancing the home learning environment is an initiative that receives global support [27, 28] and is seen as a way of stabilising society and boosting national economic success [12, 29].

The consequences of this paradigm have been profound and has led to a model of home school interactions in which EY practitioners extend their professional influence beyond the setting to 'improve' learning practices at home [16]. In the UK, this is reinforced through government policy wherein expanding school learning into the home is encouraged, 'Practitioners must discuss with parents and/or carers how the summary of development can be used to support learning at home' [23]. Academics concur and argue that achieving long term gains in children's outcomes is dependent on improving parenting (For example [11–13]), 'it is work with parents to enhance what happens at home that is the real place of "intervention"' [12]. In many of the initiatives noted above, PEEP being an excellent example, improving the quality of parenting through training and professional support is their sole mission and this is made clear in their websites tagline 'supporting parents and children to learn together' [30]. Professional involvement in the home learning environment fosters the desired cross over and cohesion between home and school as parents adopt school learning practices within the home. The practitioner thus is

firmly positioned in the role of ‘knowledgeable expert’ [14] who shares their knowledge with less experienced parents, scaffolding them into a greater understanding of school languages. In turn, parents adapt their home learning practices, continuity of practice between the two contexts is heightened, motivation for learning in school is increased and outcomes improved.

3. Beyond the early years; continuity and cohesion in statutory education

To maintain the gains made by early intervention, continuity between home and school practices must extend beyond the early years and continue throughout a child’s school life. This is advocated by academics within the UK (For example [9, 24, 31]) and internationally: ‘Efforts to support children’s long-term success must extend beyond the ECE setting into elementary school’ [32]. Thus, cross over and cohesion between home and school contexts remains an important paradigm throughout a child’s schooling. This is evident in the common terminology used to describe home school interactions, in which the phrases parental *involvement* and parental *engagement* dominate. This engagement or involvement may take different forms and can be defined thus:

‘Engagement’ is taken to include:

- Learning at home: help with homework, subject skills, other skills and talents, attitudes, values, aspirations and behaviour.
- Communication: school-home; home-school.
- In-school activities: volunteering; helping in classrooms, parents’ evenings, field trips; participating as a member of an audience.
- Decision making: undertaking role as school governor or other committees and advisory groups.
- Collaborating with the community: community contributions to schools and families; family and school contributions to the community [31].

However, the emphasis remains on the parents participating in the language and learning of school, supporting attainment through the adoption and extension of school learning practices within learning at home. Consequently, the teacher is again placed into the position of the ‘knowledgeable expert’ [14] who extends their expertise beyond the classroom to assist parents in understanding and emulating the pedagogies of school [16]. This is exemplified within the various forms of parental communication employed by schools and organisations to communicate with parents, wherein parental engagement is used to enhance parental understanding of school pedagogy. Within my own experience, this has been undertaken in several different ways, for example:

- Workshops, information meetings.

Here a specific area of study is chosen (for example Numeracy in Key Stage 1) and teachers illustrate the teaching methodology used within the classroom through presentations or workshops. The parents may play a passive or more active role depending on the structure of knowledge transfer planned by the professional, but rarely have reciprocal influence over the methodology.

- Newsletters, magazine articles, information booklets and blog posts.

These can be used to impart administrative, procedural and pedagogical information to parents. The former can be online or in paper format and often include pictures and examples of children's learning to enhance parental understanding of school pedagogy. The parents are usually passive receivers of information but may be able to comment if the publication is online, though comments may be monitored by the school prior to publishing.

- Exhibitions, open mornings, performances.

These usually involve the parents and children, who share and present their learning to their parents. These may be interactive or passive, depending on the pedagogy of the school but, again, parents do not influence ensuing school practice.

- Reports and Assessment Feedback.

Paper or electronic feedback to parents that demonstrate learning outcomes against accepted indicators of progress. They may include detailed written comments or numerical/alphabetical symbols to represent learning. Confirmation of parental receipt and/or comments may be requested by the school but further participation by parents is rarely expected.

- Learning Journals and Assessment Portfolios.

Commonly found in Early Years settings, Learning Journals are an example of narrative assessment [33] and may contain examples of children's learning, photographs, observations and other relevant material. They are used to document and share a child's learning and progress. In the last five years, assessment portfolios are more frequently electronic. Dependent on the setting, contributions from the parents may be requested by the school.

- Home school communication booklets.

Most often found in Early Years or Primary settings, these are used to share information between home and school on a regular basis. The information they contain can be administrative, procedural or pedagogical and both parents and professional are encouraged to contribute.

These examples are usually offered in addition to the traditional parent/teacher meetings wherein parent and teacher meet face to face to discuss progress, either as part of a formal school event or requested by the teacher or parents. Dependent on context, such parental meetings can be knowledge transference from teacher to parent (common in the more formal school events) or have the potential for dialogic exchange. The format of meetings is usually decided by the school management, though this may be done in conjunction with parents through the involvement of a parent group.

Throughout a child's learning, then, the dominant paradigm within home school interaction places the school and teacher as 'knowledgeable experts' [14] who, to improve outcomes for the child, expect the parents to engage with their 'voice' [34]. Within this relationship, little or no recognition of the knowledge and expertise of the parents is evident, despite the insistence that parents are the child's first and foremost educators. Nevertheless, there has been a gradual shift in this paradigm, especially within early years education.

4. Partnership working with parents

The commonly accepted link between the quality of the home learning environment and positive outcomes for the child, has fostered home-school interactions in which parental knowledge is subsumed beneath that of the more knowledgeable professional, whose expertise extends into home learning practices. However, under the influence of social constructivist theories, the relative position of parental understanding within this knowledge exchange has begun to change (For example, see [18, 20]). To return to Donaldson, her initial research was prompted by a desire to challenge Piaget's experimental approach, wherein children were viewed as solitary learners [20]. Moving away from development as a process of individual maturation, Donaldson viewed the child as learning through active participation within a social context [20]. Enhanced by the ideas of Jerome Bruner [35] and Lev Vygotsky [36], social constructivism has since become the predominant paradigm of early childhood pedagogy in the UK [3, 18, 20] and is reflected in government policy. In her governmental report on the early years statutory framework, Dame Tickell notes: 'Children's learning and development from birth to five occurs as the result of a complex interaction between the child and her/his experiences within relationships, and in the environment' [3]. The participatory and interconnected nature of learning is also reflected internationally [13, 37] and underlies the New Zealand curriculum *Te Whāriki*, wherein "children are positioned as confident and competent learners from birth... (who) learn by engaging in meaningful interactions with people, places and things" [38]. Thus, learning is seen as the co-construction of understanding through purposeful and meaningful interaction between the child, adult/s and environment (including culture) within a particular socio-cultural context [12, 39] Within early years pedagogy, this process is labelled 'sustained shared thinking' [18, 22] and takes place when a child and adult engage in a democratic, reciprocal and expanded interaction (verbal or otherwise) which deepens a child's understanding. Ideally this process is led by the child and the adult uses their expertise and knowledge to scaffold the child's learning, engaging in a meaningful dialogue through actively listening and responding to the child's utterances and reasoning [11, 18, 22].

Whilst first finding dominance in early years pedagogy, the concept of learning as the co-construction of meaning between active participants within a dialogic interaction is gaining influence throughout statutory education. The new curriculum currently being piloted in Wales [40], forefronts a responsive pedagogy based on reciprocal interactions. Within the 'Curriculum for Wales', communication and partnership working between practitioner, learner and community are central, prompting a more fluid and responsive co-construction of skills and knowledge [40]. The social nature of learning is also being championed by some neuroscientists. Cozolino, for example, [41] challenges the dominance within learning theory of concepts such as Maslow's hierarchy of needs [42] arguing that the brain is predominantly a social organ. Whilst it is true that infants need food, warmth and shelter to survive, Cozolino argues that these necessities are gained through successful relations with their primary caregiver. Consequently, survival is dependent on effective interaction with others. For Cozolino, this social drive has been severely underrated within learning theory and must be rectified through a more socially responsive approach to learning within schools.

Within both the UK and New Zealand, social constructivist theories of education, place greater emphasis on the role of parents within learning. If children's learning arises 'from the interplay between the inter-connected and dynamic facets of the unique child with surrounding relationships and experiences' [3] then it

cannot be sufficient to simply inculcate parents into the schools view of their child as a learner. Greater recognition must be given to parental knowledge. This is reflected within the concept of parental partnerships, 'I would particularly like to see parents and carers more involved and working in close partnership with practitioners' [3] wherein, '... the transfer of knowledge and understanding (is) ...part of a two-way process: not only from school to home but from home to school' [31]. Thus, schools must take more note and respond to the parent's perceptions of the child as a learner and begin working in 'partnership' with the parent.

Within partnership working, although potentially different from that of the professional, the knowledge and understanding of the parents is seen as valid to the child's learning and thus, cannot simply be subsumed within the school's voice. Consequently, the multiple influences and complex pathways of learning are recognised [13] and a more responsive relationship between home and school is required. This offers great potential for a more dynamic and fluid conception of learning, wherein differing perspectives are recognised and celebrated [43, 44]. This can be viewed as beneficial for several reasons. First, it could be argued that the centrality of schools in disseminating the social languages of our culture, necessitates a more responsive and intercultural curriculum, capable of reflecting multiplicity [43]. For advocates of such a curriculum, world peace and the future longevity of the human species may depend upon it [43]. Certainly, recent political and social movements have highlighted that multiplicity of voice is necessary to challenge embedded social inequality and institutional prejudice [45–47]. Furthermore, there is an increasing recognition that we are uncertain about the precise skills and knowledge our youngest learners will need in the future [48–50]. In a report published by UNICEF it is noted that, "the gap between the levels of learning that education systems are providing and what children, communities and economies need, is growing" [51]. The uncertainty created by the COVID 19 pandemic and the unknown direction that economies and educational institutions may take as a result, has further highlighted the potential, as well as the necessity for change. The rapid closure of schools and businesses due to the pandemic thrust parents and professionals into novel relationships. Whilst teachers remained in charge of designing, planning and resourcing the learning through online learning platforms, parents had to take responsibility for delivering this learning to their children. Informal discussions with parents throughout this process, indicated that while some parents found this extremely difficult and desired professional support (especially those working online from home in full time jobs), others embraced the opportunity to learn more about their children's thinking and learning. In addition, some children flourished in this new learning environment and, upon returning to school had made far greater progress in core skills than would have been expected within the classroom. These informal observations suggest that parents and children may benefit from a greater voice in education and that educational institutions play a greater role in society than providing skills and education for children, they also provide economic spaces for uninterrupted working. Thus, new pedagogies are needed that more responsive to community needs to prepare learners and families for the economies of the future [40, 50]. Within the new Curriculum for Wales [40] and 'Te Whāriki' [38] the potential for schools to respond to their local communities is inherent and it is expected that each school will be co-constructed between professional and community. Consequently, the crucial role of parents as the first and foremost educators [1–3] is paramount and their knowledge and experience is no longer subsumed to that of the professional expert but plays a greater part in the community construction of learning [14, 16, 37]. However, such participatory working may require a renegotiation of the concepts of professional and parent.

5. The complexities of partnership working

Whilst an exciting and positive step forward, responsive schooling and partnership working is not without conceptual and practical complexities. If the aim of parental partnerships is to co-construct an image of the child as a learner based on the knowledge and expertise of both parent and professional, then the relative roles of parent and practitioner require renegotiation [16, 18, 37]. Renegotiation, however, is dependent on several crucial factors including:

- Trust between participants
- An open-minded and responsive sharing of knowledge and ideas
- Honest self-reflection on both sides.

These requirements create significant stumbling blocks to effective partnership working and we will discuss each in turn.

5.1 Trust

A fundamental barrier to developing partnerships with parents is the considerable mistrust that can exist between parents and practitioners [9, 31]. The exact nature of this mistrust may be dependent on the context but is often exacerbated by perceived power differentials between parent and professional [16]. For practitioners working with disadvantaged children, negative parental experiences with schools and other professional institutions can be difficult to overcome [31]. Since their inception, practitioners working within initiatives such as Sure Start, PEEP and Children Centres have devised innovative strategies to overcome potential mistrust with parents, often with great success (see [31, 52, 53]). Nevertheless, constantly changing political strategies and a dependency on short-term public funding, lead to lack of continuity for parents and professionals, which undermines nascent partnerships and increases long-term mistrust [54].

Alternatively, practitioners working in schools with strong parental governance, or in fee-paying schools may feel that any power differential lies in favour of the parents, leaving the practitioners feeling vulnerable [16]. Conceptions of professional exposure or susceptibility can lead teachers to label parents in different ways, including acquiescent, pushy or conflictual [55]. Whilst, not an explicit attempt by practitioners or parents to undermine the role of the other, mistrust and perceived power imbalances undermine the potential for responsive communication and illustrate an inherent tension within the concept of partnership working [14].

5.2 Reciprocity between school and home

Responding to home learning practices and incorporating them into school learning, challenges the predominant view of the teacher as the knowledgeable expert scaffolding the parent into professional wisdom. However, the co-construction of a new 'position' for the professional is complex. From the professional perspective, renegotiation may undermine their conception of themselves, leaving them feeling vulnerable and less confident in their skills, abilities and role [14], especially in the face of opposing views or conflictual parents. Consequently, practitioners compartmentalise parental knowledge, considering it supplemental to their professional understanding rather than view it as an essential element of a responsive learning dialogue [14]. This effectively undermines any potential for the

co-construction of learning practices between home and school [56]. However, the renegotiation and co-construction of professional roles is possible and is evident within settings utilising the Te Whāriki curricula framework in New Zealand [37]. Nonetheless, successful role renegotiation necessitates questioning the underlying assumptions shaping participants current perspectives of themselves and each other. There may be two barriers to this process. First, an inability to easily identify the assumptions underlying the 'habits of thought' [57] that shape the constructs of parent and teacher. Secondly, the myriad of (often contradictory) sources that we draw upon to create our personal and professional perceptions of self [37]. This takes us to the third of the points listed above, the necessity for effective self-reflection.

5.3 Self-reflection

For many supporters of partnership working, self-reflection is necessary to identify practitioner and parental values which may inhibit the renegotiation of the roles of 'parent' and 'teacher' [19, 24, 37]. Prior to renegotiation, parent and practitioner must acknowledge the historically and culturally situated nature of these constructs, as only when this is fully understood, is it possible to question the assumptions underlying each role and co-construct new meanings [57]. However, due to our minds lack of proprioception, it is very difficult for us to understand the contingent nature of our thoughts. Consequently, culturally and historically created values and practices are converted into emotionally and psychologically powerful 'truths' whose origins and influence are difficult to perceive but shape our intellectual, physical and emotional reactions, nonetheless [57]. Their very nature thus masked, they act as a powerful barrier to empathy, trust and self-reflection [57] and hinder the 'genuine dialogue' necessary [58] for partnership working. Furthermore, the multiplicity of individual experience means that parents and teachers draw on a plethora of influences and underlying assumptions to define their roles and the relationship between them (often not fully understanding their pedagogical implications or potential contradictions) [37]. Thus, perceptions of what it means 'to be a teacher' or 'to be a parent' are gained through a vast conglomerate of individual experience, drawn from potentially similar but ultimately unique social and cultural influences. The complexity of questioning all these assumptions is huge and require time, space and continuity of interaction, all of which are often absent within parent and practitioner relationships [37]. Consequently, most teachers and parents revert to 'commonly accepted truths' within their interactions, these in turn most likely being drawn from dominant cultural discourses [37]. Thus, many opportunities for engaging in a genuine renegotiation of meaning may be unwittingly lost. However, these are not the only difficulties inherent within the concept of partnership working.

6. The extent and limits of re-negotiation

The nature and extent of responsiveness required for successful partnership working is also open to question. An open-minded co-construction of learning between home and school necessitates a respect for, and inclusion of, differing perspectives. However, balancing perspectives between home and school may not always be easy. This was recently brought to the fore within a primary school in Birmingham, UK, wherein the schools' attempt to embrace an equality agenda (essential under the 2010 Equality Act) through resources and lessons that included reference to same-sex families, drew vociferous protests from some parents and

religious groups. Following weeks of protests outside the school, court appearances and five months of consultation between parents, community representatives and the Department for Education, an uneasy truce was achieved and the lessons were resumed in a modified format. However, throughout the negotiations, both sides claimed that their intentions had been misunderstood [59–61]. This experience illustrates that partnership working with parents takes place within legal, cultural and religious boundaries that can themselves be complex and potentially contradictory. Thus, it is naïve and unreasonable to expect parents and teachers to easily negotiate the complexities of differing political viewpoints and instigate responsive schooling and partnership working without specialist training and support [37]. Whilst, there exist many educational resources and published schemes of learning to support the teaching of concepts of acceptance and diversity to children and adolescents in school (for example see [62, 63]), in the author's twenty five years in education, professional training and expertise in partnership working (especially within statutory schooling) remains relatively low. Nonetheless, professional learning to support parent and professional communication and negotiation will be essential for the successful implementation of more responsive pedagogies, such as the new Curriculum for Wales, in which community opinions play a crucial role [40].

It can be argued, then, that providing the necessary expertise to enable successful partnership working is vital. Utilising the rich experiences of practitioners working within the established Te Whāriki curriculum in New Zealand [38], alongside a framework derived from conceptions of dialogue outlined by Bohm [57] may assist. Nuttall notes that underlying the co-construction of parent and practitioner roles in New Zealand is the explicit sharing of participants' images of childhood as well as participants' expectations regarding education [37]. The importance of explicitly sharing knowledge and understanding was also reflected in a case study undertaken by the author as part of her doctoral thesis [16]. The purpose of the case study was to analyse nascent partnership working within a large and extremely diverse international school in Bangkok. Initially hypothesising that reciprocal and open dialogue would be best achieved in a context where professional sharing of expertise was kept to a minimum, it was soon discovered that without an explicit sharing of at least some expertise by the teacher, the parents had no starting point for negotiation. However, once teacher knowledge was explicitly shared, but left open to comment and debate, parents felt more confident to question and engage [16]. Furthermore, this professional knowledge was shared with parents, not as a prompt for action, but as an interpretation of children's learning as witnessed by parent and professional. Parental comment on this interpretation was then invited, creating a space for a mutual exploration of perspectives. Within these interactions, the *process* of dialogue was paramount, not the *outcome* of that dialogue. For Bohm, foregrounding the process of dialogue rather than the *outcomes* of dialogue, offers a potential framework for successful interaction [57] and may encourage a greater acceptance of a Bakhtinian multiplicity of voice [34]. Within such dialogue, the 'thinking together' becomes the focus of the interaction, rather than reaching any conclusion and thus a safe space for the mutual exploration of ideas is created. This 'sustained shared thinking' [18, 22] illuminates previously unquestioned habits of thought or assumptions, which are reflected upon in a more open manner because there is no pressure on a formal outcome [57].

Nevertheless, foregrounding the process of dialogue can remain beneficial, even when an outcome is required. When transforming two small nursery classes into one large, single nursery unit, space was provided for open dialogue between diverse colleagues prior to any change [16]. Through this dialogue, participants became aware of previously unperceived 'habits of thought' about their practice. These were then reflected upon communally and their import re-assessed.

Responsive and reflexive dialogue requires participants to develop a clear expression of one's beliefs [43]. As a nursery staff, our open dialogue allowed us to negotiate a clear expression of our shared beliefs [16, 64] and illustrated Bohm's view that, one's unperceived assumptions can be illuminated through open engagement with the beliefs of others. However, as noted previously, this process requires time and space, both rare in the context of most home school interactions [37] and remains dependent upon trust between participants. Furthermore, the question of the extent of responsiveness required for effective partnership working also remains. When beliefs differ, there comes a point where an individual must decide to modify their thinking through the renegotiation of a new understanding or return to one's original idea [43]. Thus, any decision must be drawn up against a robust evidence base and preserve the flexibility to respond to new evidence [43]. Within our staff dialogue, certain topics, such as the inclusion of gun play in the nursery, required the gathering and analysis of published evidence before a decision could be made and even then, required re-negotiation at periodic intervals in the light of new experiences. Thus, the sourcing and evaluating of evidence may also be essential for effective partnership working, alongside empathy, responsiveness and reflection. Paradoxically, developing the skills required for partnership working may require parents and professionals to experience the very skills and attributes embedded within curricula such as the new Curriculum for Wales or the International Baccalaureate Curriculum [43, 65]. Thus, it may be the next generation of parents and practitioners, who having themselves experienced a responsive education, may be better prepared to embrace partnership working.

Finally, before concluding, it is necessary to return to the noted driving force behind partnership working - the desire to reduce social inequality. Improving the quality of school and home learning are perceived by many to enhance the educational outcome and subsequent economic chances for disadvantaged children. Goodall, however, notes that emphasis on improving home learning practices remains firmly situated in the deficit paradigm, which is itself based on a 'culture of poverty' myth and disguises the need for systemic change [15]. She notes, 'Whereas once education was hailed as a great equalizer, an engine of social mobility, the current reality belies any such belief' [15]. Consequently, practitioners are left in the paradoxical and indefensible position of attempting to 'achieve equity by ignoring inequity' [15]. For Goodall then, whilst partnership working and parental engagement are positive moves towards a more reflexive education system, we can no longer unquestionably accept that they are a panacea for reducing social inequality. Instead, it is time for us to critically analyse the discourse and challenge the systemic issues that create that inequality [15].

It can be seen, then, that fostering successful home school interactions is far more complex than the literature may lead practitioners or parents to believe and may require a deeper analysis and evaluation, as well as professional training and expertise, for long term success.

7. Conclusion

Within this discussion it is argued that, whilst regarded as beneficial for a child's learning, the concept of positive home school relations is complex and fraught with inherent tension. It is also deeply embedded within a deficit framework, wherein improving the quality of the home learning environment is associated with more positive outcomes, educationally and economically, for disadvantaged children. Within this paradigm, contradictions within home school interactions are created that are not easy to negotiate. Nonetheless, drawing on the experiences


of practitioners working within the established 'Te Whāriki' curriculum in New Zealand [38] and fore fronting the process of dialogue, may enhance the potential for working in partnership with parents. However, as it currently stands, the paradigm may camouflage the real sources of inequity and thus inhibit the development of long-term solutions. Nonetheless, the purpose of this argument is not to undermine burgeoning partnerships between home and school but to clearly delineate the current complexities, so that the potential for successful partnership working in the future is enhanced.

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Helicopter Parenting and Adolescent Development: From the Perspective of Mental Health

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Abstract

Helicopter parenting is a unique form of parenting style that is generally described as highly intensive and highly involved with the children. A particular parenting style influences all phases of development and life style of adolescent. Helicopter parents overly protect their children from the difficulties by setting some set of instructions without consideration of the uniqueness of their children. Recent literature has got huge attention on this parenting style and debating the pros and cons on the development of child. Higher life satisfaction and better psychological wellbeing have been found in the children of highly intrusive parents. When there are positive effects of helicopter parenting, there are negative outcome and impacts that have also been studied. The difficulties in emotional regulation, academic productivity, and social skills among children raised by helicopter parenting have been reported in the literature. Low self-efficacy, lack of trust on peers, and alienation from peers have also been associated with helicopter parenting. The chapter highlights the associated aspects of childhood and adolescence, raised by helicopter parenting. As parents have their own concern about raising their children in certain manner, it is important to understand the underlying mechanism of parenting style. Therefore, this chapter also describes the theoretical framework. The associated mental health issues and supportive psychological intervention to be also discussed.

Keywords: helicopter parenting, parenting style, psychological effects, mental health, intervention

1. Introduction

Parenting and parenting style are crucial determinants of an individual's upbringing and later functioning. Parenting style constitutes a myriad of attitudes and a pattern of behavior through which parental authority is conveyed to the child across a variety of settings and situations. This in turn helps to provide the emotional environment where the child learns and models how to perceive and act in the larger macrocosm of society [1]. Supportive and sensitive parenting contends healthy behavioral and emotional development of children [2]. The word parenting is derived from the Latin verb "parere," which means "to bring forth, develop, or educate." Hence, parenting has been defined as "purposive activities aimed at ensuring the survival and development of children." It is considered as an activity that nurtures a child and fosters the development of their overall personality. The influence

of parenting is everlasting and related to various aspects of the development of child [3]. Parental behavior influences the development of the child by demonstrating the patterns of rules, discipline, and other behaviors. According to Okpaka [4], parenting is an act of parenthood for the purpose of child upbringing and child education. Each parenting style affects the overall development of child. The present chapter highlights the associated aspects of helicopter parenting and related issues of adolescents, raised by helicopter parenting. The chapter also highlights the important psychological intervention for parents and adolescence.

2. Parenting style

To raise the children, parents adopt a set of strategy that has a lifelong impact on the development of child. Parental investment begins right from pregnancy and continues throughout the rest of parent's life without a break. The ultimate goal of parenting is to develop children into well adjusted, productive, caring, and happy member of society. Parenting style represents standard strategies, which are used in child rearing practices. These practices are varied, and parents adopt a myriad of strategies to socialize and control their children [5, 6].

Baumrind in her seminal study identified four major types of parenting styles, that is, authoritative, neglectful, permissive, and authoritarian. These were categorized along a continuum of responsiveness (parental warmth) and demand (parental control). Parental control belongs to set realistic rules for their children. Various factors influence the development of adolescence, but parenting style counted as the most influential one, compared to other socializing factors. Parental warmth is also known as parental responsiveness. This behavior encapsulates the acceptance of and being responsible toward the behavior of children than being rejected and unresponsive [7].

2.1 Authoritative style

This refers to a parenting style that is a combination of control, warmth, and autonomy. This is characterized by flexibility, rational discipline, exercising control only when required, and allowance of freedom to children so that they act responsibly and independently. Parents who adopt this style are rational in using the set rules while simultaneously explain the same to their children. Authoritative parents set high standards and clear expectations, as well as use discipline based on proper reasoning, and monitor their children's behavior. This parenting style also involves sharing the parent's experiences to encourage the children to take rational decision [8].

2.2 Authoritarian style

It is characterized with strict discipline, punitive style. Authoritarian parents provide their children with restrictive and strict directives to prompt them to follow the set rules. The overall appearance of such parents is cold, not open to discuss with their children, rejectable and emphasizes on strict discipline and values over independent behavior. Such parenting style leaves children with feeling of unhappy, anxious, and low self-esteem along with rebellious attitude and dependent traits [8, 9].

2.3 Permissive style

It is characterized by less control and high warmth as well as a tendency to allow children to take the decision by themselves even if they are not capable enough of

doing so. The mindset that is reflected in such a parenting style is that love may be expressed solely by providing full freedom to their children and fulfilling whatever they wish for. Permissive parents love and are openly effective; however, they have no limit settings despite children's safety is at stake [10]. These parents are warm and passive but not demanding. They make very few demands from their children but allow the children's freedom to behave in any manner they please. Children of these parents develop a sense of insecurity, fear, aggression and anxiety.

2.4 Uninvolved parenting style

This involves parents displaying low responsiveness and little communication and may entail rejection and neglecting their children. These parents are not only uninvolved and disengaged but also unresponsive and do not put any demands on their offspring. The children of these parents become disobedient, low in self-control, demanding, low frustration tolerance, and difficulty in planning [8, 10].

3. Helicopter parenting

While parenting styles today are still understood largely in the context of the aforementioned styles, the turn of the century led to focusing on a new style of parent-child interaction that appeared to emerge. By the 1990s, American media identified a pattern of interaction and parenting practices that were based on a consistent pattern of "hovering" and hence that were dubbed as "helicopter parents" [11]. According to Hirsch and Goldberger [12], "helicopter parenting is a process of distinctive parent that never allowed their children to make mistakes and trapped in the cave of stress." Such parenting style involves behaviors wherein the parents constantly nurture their children, providing them with support and minimal space that may impede development of problem-solving skills and decision-making skills. These parents are overprotective and authoritative such that they decide the present and future steps of their children, without demonstrating and teaching their children the adequate skills so that they can be independent. The notion of helicopter parenting has received frequent controversial debates in western culture in between the psychologist, parents, and school teachers. Dr. Haim Ginott [13] first described helicopter parenting in his book "parent and teenagers." According to him, the parents hover like helicopter carefully and observe each and every movement of their children. This style of parenting is a type of "over-parenting in which parents apply overly involved and developmentally inappropriate tactics to their children".

The primary motivation for the parent's "hyperinvolvement" appears to stem from parental anxiety about negative outcomes that their child might face [14]. Such parenting practices have been found to lead to greater degree of internalizing disorders not only in young children but also in middle children [15, 16]. Within young adults, helicopter parenting was found to be related to greater degrees of neuroticism, lower openness to experience, and greater dependency as well as reduced psychological wellbeing [17]. While primarily believed to have long-term negative outcomes, there still exists a dearth of research with regard to the phenomenon [18].

3.1 Helicopter parenting and associated causal factors

Parenting styles and parenting behaviors do not develop in isolation. Each form of parenting has a base that strengthens and nurtures the style the parent adopts. Literature has implicated certain causal factors, such as parental regret, parental

anxiety, gender, and culture as contributing to the development of helicopter parenting. Furthermore, the consequences of this style of child rearing on various aspects that range from physical, social, and psychological wellbeing of emerging adults have been elucidated [7]. Parental traits of overparenting (i.e., utilization of parental assistance, directiveness, problem solving, and aid at a level that is developmentally inappropriate for the child) not only have been found to have strong consequences on the later behavior and development of the child but also have been seen as being derived from parental and child characteristics. This implies that there exists certain trait that may lead the latter to engage in overparenting practices.

3.1.1 Parental anxiety

The overprotectiveness and enmeshment that are seen in the course of helicopter parenting are often believed to have evolved as a result of parental anxiety. The parental characteristic of anxiety predisposes the parent to view their offspring as more vulnerable and unlikely to be able to cope with the demands of daily life. Child's vulnerability toward the outside world makes the parents worried and therefore results in behaviors such as overinvolvement in their child's life to assuage their own anxiety [14, 15]. Due to parental anxiety, there are more restrictions for participating in outdoor play activities, walking alone to school, staying till late evening at friend's place, and also not allowing for night outs. These types of restriction hamper healthy physical and social development of the child [16–19]. Due to projection by the parent of their worries on to their child and the consequent solution, overprotection occurs [20]. However, it must be noted that overprotection is not the sole element that constitutes overparenting. Rather, a primary motivation that is seen as determining overparenting practices is that of harm reduction.

Parental anxiety can occur due to social factors such as child abuse, addiction, and bullying; therefore, parents are more concerned about their child's safety and hence unknowingly become overprotective. In an analysis by Nelson [21], greater degree control in parenting was observed in those parents who showed greater preoccupation with environmental dangers. For instance, if child hurt himself while playing, parent can become conscious toward their child's safety and would accompany next time child goes out to play. As children grow and proceed for college, the parents experience separation anxiety. They sense feeling of insecurity and nondetachability, which turn into greater psychological control on child despite knowing that their child has grown-up. Parent's reaction and intensity of emotions can heighten the anxiety in children as well [22].

3.1.2 Parental regret

Apart from parental anxiety, another determining factor in the phenomenon of overparenting is that of parental regret. Meta-analytic reviews [23] have identified regret in the domain of parenting as the fourth most commonly experienced regret. The occurrence of parental regret is further compounded by what is known as the principle of lost opportunity. This principle proposes that an individual faces a greater degree of regret when presented with an opportunity to correct the same. In the context of parenting, as the child grows older, the opportunities for direct control over his/her life reduce and the child finds himself veering toward psychological separation and individuation. A reaction to this separation from the family of origin may result in a reaction on part of the parents wherein they find themselves becoming increasingly involved and responsible for the child's wellbeing, expressing lament over perceived failure in fostering the child's development as well as regret about the time lost. Furthermore, parents experiencing greater degrees of regret

might find themselves vicariously trying to obtain fulfillment and self-actualization by way of the child [24]. Additionally, parental projection of their own goals on to the growing child further may promote helicopter parenting. This regret operates indirectly, by augmenting parental anxiety and thereby leading to greater degrees of overcontrol. For example, lack of opportunities to fulfill own personal goals (e.g., parent's unfulfilled desire to become a surgeon) as well as realization of lost opportunities to fulfill parenting goals (e.g., the realization that the child going off to college will leave the parent with less time to interact with him/her) leads to an increase in personal anxiety. Furthermore, the personal goals of the parent become enmeshed with his/her goals for his child, and to manage their own anxiety, it becomes projected on the child, and hyperinvolvement is chosen as the way for them to manage and control their own anxiety [25].

People generally realize the lack of satisfaction in their job around at the age of 40. No matter how much they want to fulfill their dreams in the middle age, the abundance of responsibilities makes it difficult to do so. Therefore, parents treat their children as an individual they drive to fulfill their dreams through their child. To ensure the accomplishment of their unfulfilled dreams, parents participate in every decision-making step of their child's life, whether it be academic pursuits, such as school or university as well as every little thing that makes them more anxious. Parental regret makes parents anxious that makes them more involved in their children's life [26]. Other than the past unfulfilled desires of parents, the phase of transition is also a contributing factor of helicopter parenting. In post-adolescent phase when child move out to live independently, parents experience the guilt. No matter how much involved they are with their children, the realization of not spending more time bothers them a lot; hence, they regret of not spending more quality time with their children. Thus, parental regret is indirectly related to helicopter parenting.

3.1.3 Culture

Culture drives the formation and sharing of beliefs across individuals. People belonging to similar cultures share similar belief system and display similar behavioral tendencies. The individual's sociocultural context also guides their personal and social lives [27]. The cultural heritage of country and family may also be viewed as a causal influence in the development of the parenting style practiced by parents.

The literature suggests the existence of different types of parenting style in eastern and western culture as people have different set patterns of behavior according to their cultural norms. Studies suggest that parents who belong to eastern culture prefer interdependence while raising their children, whereas on the other side, the parents of western culture follow independence in their parenting style [28]. Therefore, the values, belief, and ethnicity of parents affect the parenting style.

The comparative studies on parents belong to deferent origin but staying in another country concluded of following the parenting practices that were followed in their native country. Comparative cultural studies on Asian-American and Caucasian-American parenting style suggest the ill effects of Asian parenting style on psychological wellbeing of the child [29]. Asian-American parents focus on obedience, reliable, family-oriented, well-manners, and social obligation by following the cultural style control. Similar to helicopter parenting, the Asian parents also practice the authoritarian parenting. In western culture, Asian parenting and helicopter parenting are considered harmful for the growth of child. Studies on Korean-American parents suggest the higher academic expectations from their children [28]. Hence, the belonging and root of parents lead them toward a particular style of parenting that later affects the development of the

child. However, cultural difference in helicopter parenting style is controversial [28] and requires more research work.

3.1.4 Gender

Evidence from gender-based studies talks about the different individual traits and sets the behavior of raising child. Parenting by mothers and fathers is experienced differently by children [30, 40]. The literature suggests the use of empathy, warmth, and kindness, while rearing girls is more common, whereas with boys, more of aggressive, physical punishment, and dominance is used [44]. Mother's over parenting is perceived caring and with freedom than father by boys; however, the daughters perceive it as controlling and over involved [31, 42]. The perception of parenting also varies in different genders. Generally, young adults prefer to communicate with their mothers and also more connected than father. Due to high inclination toward their mother, there are higher chances of absorbing the traits of becoming a helicopter parent in future [17, 19].

As society has set different roles and responsibilities for both genders, the scenario is changing but not completely [41]. The children also tend to perceive the same. The general thinking is that raising a child is female's responsibility; hence, there are more expectations from mother. Therefore, mostly father's hovering can be seen as protective and involved, whereas the over parenting of mother can be perceived, overwhelming, and suffocating [30].

4. Psychological effects of helicopter parenting

Every parent wants to raise their child with love, support, and care. While taking care of their children, they use different kinds of approaches. This used approach invokes a range of responses and reactions in children and later impacts the psychological, emotional, social, and interpersonal development. The helicopter parenting can influence child in a negative, positive, or mixed manner. Children of helicopter parenting have been found with higher life satisfaction and better psychological wellbeing [28]. On the other hand, the children raised with helicopter parenting style have been observed to display a difficulty in decision making [19].

4.1 Positive impact

Theoretically, greater degree of parental involvement, help, and directiveness leads the child to develop the belief that they are worthy of intensive care and attention from others and impede the development of age appropriate coping skills. As evidenced by Kohut [31], explication of the role of parenting in the development of narcissism, the enmeshed boundaries, and overinvolvement on part of the parent leads to preventing the child from experiencing failures and preventing development of a self that is independent and self-reliant, leading to the child's constant reassurance and approval seeking. These include the experiencing of higher satisfaction by the young adults during college life. Children also end up with better psychological wellbeing and higher life satisfaction. The research studies suggest positive correlation with psychological and behavioral control with parental involvement and, however, negatively associated with school engagement and parental autonomy [32]. Children of helicopter parenting have been found with educational gains and satisfaction in academics with the help of parental engagement [33].

4.2 Negative impact

Majorly, children coming from a background of parental overprotectiveness display a greater tendency to utilize dysfunctional emotion focused on coping strategies (such as fantasizing and greater self-preoccupation). Thus, due to overabundance of intervention and problem solving on part of the parent, the child does not face the developmentally appropriate challenges that aid the building of necessary coping skills. However, there exist several factors that further mediate the relationship between parental overcontrol and consequent childhood anxiety. This is further corroborated by reports evidencing higher degree of neuroticism among children whose parents display helicopter parenting [34]. These factors primarily constitute the competencies within the child, such as maladaptive cognitive beliefs regarding their own sense of autonomy and ability to perform tasks. Parental overcontrol is linked to reduce self-perceived confidence and psychological wellbeing that influence the development of adequate coping skills [35]. Longitudinal studies concluded difficulty in emotional regulation at the age of 2, difficulty in inhibitory control at the age of 5, and more emotional and school problems at the age of 10. Parenting style even during toddlerhood impacts self-regulatory skills that later affect the adjustment of child into adolescence [29].

5. Mental health of children and helicopter parenting

5.1 Anxiety

Young adults reared with helicopter parenting style have been observed to be more prone to developing separation anxiety and panic attacks. The separation anxiety leads by parents and by the child often leads to homesickness at the campus during night [36, 37]. Studies have also acknowledged the chances of social anxiety among young adults as a result of hover parents over protectiveness. During college life, parental intrusion and control affect the autonomy of young adults leading to a sense of lack of autonomy and control over their life. Over and above affect the child psychologically and increase the chances of anxiety disorder [28]. The incapability of solving day-to-day problems can also lead adolescents toward anxiety. Maladaptive cognitive schema and impaired autonomy were resulted through over controlling nature of mother [14]. The constant efforts and investing quality time of helicopter mother for updating the child's intelligence may lead to high anxiety in the child [19]. The study by Schiffrin et al. [29] suggests that insisting by parents on perfectionism in children heightens the certainty of anxiety disorders among young adults and adolescents.

5.2 Maladaptive perfectionism

Parents having higher expectations regarding academic performance from their children often lead to behaviors that convey that whatever their child is doing is never good enough. Therefore, children of such parents often experience greater emotional distress when they make some mistakes and also tend to be more anxious, more self-critical, and depressed. This tendency of getting afraid while making a mistake and blaming themselves for not being perfect termed as "maladaptive perfectionism" [41]. Research highlights that the anxiety can be triggered among the kids who already facing some social issues by helicopter parenting. In a research (done on parents and their children), the children were given 10-minute time period to complete as many puzzles as possible. Parents were given freedom to help their

children; however, at the same time, they were not encouraged to do. It was noticed that the children with social issues were helped by their parents often than the other parents did. Even when the children did not ask the parents to step in, they were not negative or critical. The findings suggested that parents of children with social issues perceive challenging situation more threatening than children. Moreover, it diminishes the ability of a child to succeed on their own and increases the anxiety [29, 38].

5.3 Acting out behavior

Studies focusing on maternal involvement suggested the same as being an important factor in developing healthy behavior among children at the adolescent stage. The positive effects of increased autonomy by mother on self-worth, reading grades, and control understanding in children have been reported in the literature. More school involvement by mothers was associated with increased acting-out behaviors and learning problems. Hence, parental involvement has been found associated with the mental health (externalizing behavioral problems) of children entering into adolescence [39]. Children of helicopter parents describe their parents as emotionally supportive and involved although they also report of having a feeling that they were not given sufficient autonomy support by their parents [40]. The wellbeing of children of autonomy supportive parents is high as autonomy is considered one of the basic psychological need that helps children in problem-solving and decision-making processes [41, 42].

5.4 Poor self-regulation

Low self-efficacy, lack of trust among peers, and alienation from peers were associated with helicopter parenting. Helicopter parenting was also found to be associated with low self-esteem that made children dependent on family members. Children of helicopter parenting are prone to depression in adulthood [43–46]. Helicopter parenting is found to have lower quality of parent-child communication and lower family satisfaction [22]. Poor self-regulation was seen as another outcome of helicopter parenting.

A study investigating the role of helicopter parenting and parental involvement concluded that children of helicopter parents were dependent on their parents to solve the problems due to having habit of getting help by their parents in every minor task. On the contrary, the normal parenting style found to be associated with adjustment and competence. Helicopter parenting affects child's learning and development that result into poor self-regulation and childhood anxiety. Higher anxiety, depression, stress, and poorer academic adjustment were reported by children of authoritarian and permissive parents. Higher level of depression was reported by the children whose parents are controlling and do not provide tee privacy [47, 48].

6. Theories that explains the helicopter parenting

Three theories of developmental psychology explain the process of helicopter parenting and relation with offspring [49].

6.1 Self-determination theory

Self-determination theory highlights three needs that are innate and necessary for the healthy development and functioning of human being. These needs are the need for autonomy, the need for competence, and the need for relatedness (**Figure 1**).

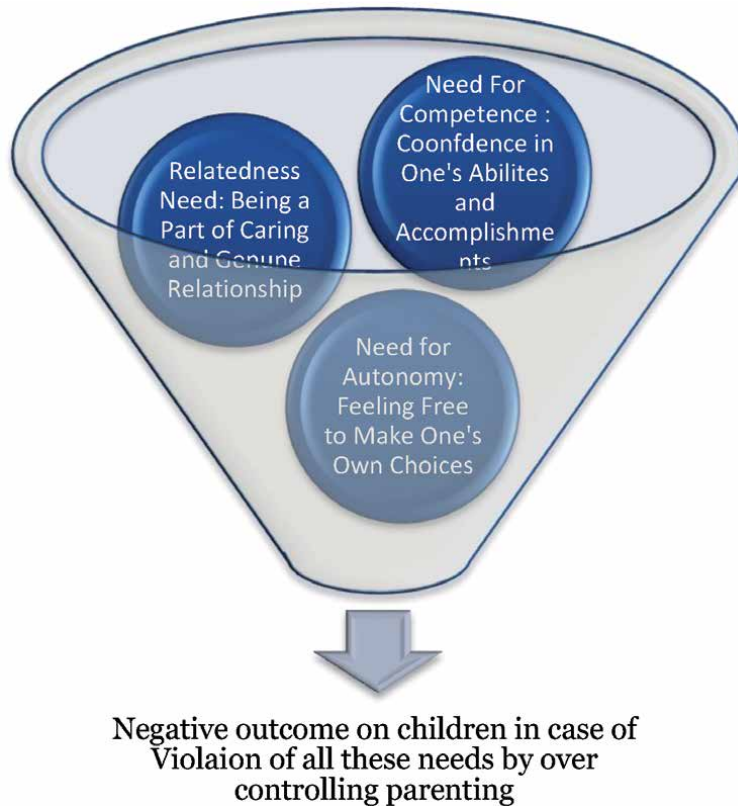


Figure 1.
The negative effects on psychological wellbeing according to self-determination theory.

There is sense of greater satisfaction when all these psychological needs are met. Helicopter parenting may reduce child's sense of autonomy and competence and also undermine their relationship with their children. The theory suggests the violation of these psychological needs, which is associated with the negative outcome of controlling parenting style [50].

6.2 The circumplex model of family system

Three family dynamics, that is, cohesion, flexibility, and communication, are used in this model. According to this model, the family members share emotional bonding [49]. Model highlights the four levels of cohesion, that is, disengaged, separated, connected, and enmeshed. There are four levels of flexibility, that is, flexibility, rigid, structured, and chaotic, which have an important share in parenting style.

According to the model, problems emerge when the cohesion of family or the boundaries of family members are either enmeshed (extremely close) or detached (disengaged). With helicopter parenting style, the family cohesion is likely to be at the extremely high-cohesion level (enmeshed) because the little independence is granted and boundaries are thin. Four levels of flexibility of circumplex model of family systems suggest the balance in family functioning. Extreme levels of flexibility either extremely high or extremely low usually have problems with helicopter parenting rigid level of flexibility, or extreme inflexibility exists. Therefore, helicopter parenting is an unbalanced family system wherein the imbalance hampers children.

6.3 Family differentiation theory

According to family differentiation theory, the balance of family interaction is important for healthy development of child. When the interpersonal boundaries are blurred, the sense of autonomy and individuality does not build up. With helicopter parenting, the boundaries are blurred; hence, it affects behavioral, cognitive, and emotional development and psychosocial adjustment during adolescence [49].

7. Assessment and intervention

The phenomenon of helicopter parenting is one, which is still under developing study and research. Research regarding intervention strategies to help ease and reduce the over-involvement practices is still in its nascent stage. Before providing the intervention, the several domains of parenting associated with children should be assessed. Hence, a detailed assessment helps therapist to deal with the parental behavior and children's as well. The assessments can include as follows:

1. family dysfunctions
2. communication pattern
3. personality assessment
4. helicopter parenting assessment [17, 51, 52].

7.1 Psychotherapeutic intervention with helicopter parenting can be conceptualized as teaching them how to

- a. Allow the child to participate independently in age-appropriate activities offering support and “can-do” encouragement.
- b. Allow the child to learn from mistakes and react with empathy and support when the consequences are experienced.
- c. Encourage the child to solve problems alone or with minimal guidance only when requested.
- d. Utilize the techniques of positive discipline to facilitate responsible behavior and independent thinking.
- e. Offer the unconditional love for the child that is not based on behavior or accomplishments.
- f. Encourage the child to plan for the future by setting long- and short-term personal goals.

7.2 Parental behavior, rational, and useful psychotherapeutic strategies

- i. **Identifying inappropriate and expensive fears regarding the child's welfare and the development of more realistic expectations:** Therapist needs to understand parent's behavior and role as a parent along with the set boundaries as well. Therapist also needs to have a contextual understanding

of the roots of parental-over involvement. Strategies to be followed:
(a) Reviewing the parent's histories and their concerns about their child's needs and definition of their role in the parent-child dyad. This helps identifying further strategies to be employed (e.g., parental regret would be addressed in a manner different from anxiety, at a cognitive level) [11, 53].
(b) Psychoeducation about "positive" parenting versus overprotective parenting and how they may play a role in child pathology.

ii. Hyperinvolvement and over protectiveness of parents toward the child:

The rationale of this target behavior is to help parents identify behaviors that maybe contribute to maintenance of dependency in child and build an insight into the parenting practice. Psychotherapeutic strategy for such behavior is monitoring and identifying behaviors that constitute "overparenting" and thoughts surrounding the situation.

iii. Discuss the benefits of allowing the child to gain wisdom from the experience of making mistakes:

Targeting this behavior works on bringing an insight into parents regarding their overinvolvement in child's life. Therapist assists the parents in creating a list of the benefits to both the parent and the child, allowing the child to learn from mistakes (e.g., child learns to accept responsibility for the outcome of both good and bad decisions). Therapy sessions also target on teaching parents to express empathy and understanding when the child struggles with the result of poor judgment or irresponsible behavior without interfering to prevent the teaching value of the consequence.

iv. Outline circumstances in which the child can safely learn from the consequences of a mistake or poor decision:

The rationale of targeting this behavior is to allow the client to gain a gradual confidence in his/her ability to handle problems independently. The strategies are to be used. (a) Barnstorming with the parents help children to learn from the consequences of a poor decision without creating significant danger, destruction, or distress. (b) Assign the parents to identify the circumstances in which they have allowed their child to struggle with the consequences of a personal mistake or poor judgment.

v. Implement strategies at home designed to foster responsible behavior:

The rationale here is to allow the child to develop gradual independence and foster beliefs in the self-reliance of the child. Sessions aim on instructing the parents to facilitate responsibility in the child by: (a) giving the child a manageable task; (b) allowing any mistake to become a learning opportunity; (c) using consequences to teach appropriate behavior; and (d) giving the same task again to check for learning.

vi. Parental anxiety prompting overprotective behaviors:

The goal is to help parents target and alter potential contributing cognitions that may lead to the parental overinvolvement. The useful psychotherapeutic strategies to target parental anxiety and overprotective behaviors are cognitive reframing and reattribution.

Besides the aforementioned description, there is another therapeutic model that can also be utilized to improve dysfunctional parenting practices.

7.3 Positive parenting program

Positive parenting program (PPP) was developed by Sanders [1, 54]. This triple P is a multilevel parenting and family support system. The main goal of this intervention is to increase knowledge, skills, and confidence of parents. The program conceptualized five developmental periods from infancy to adolescence, and at each period, range of program either can be broad and target the entire population or can be specific and target only at risk children.

The primary principles of this therapy are as follows:

- a. ensuring a safe, engaging environment;
- b. taking care of oneself as a parent;
- c. creating a positive learning environment;
- d. using assertive discipline; and
- e. having realistic expectations.

The specific goals of the therapy are as follows:

1. promoting self-sufficiency of parents;
2. increase parental self-efficacy;
3. using self-management tools such that parents may change parenting practices for the better (self-assessment, setting goals, and choosing child management techniques);
4. promoting personal agency; and
5. promoting problem solving.

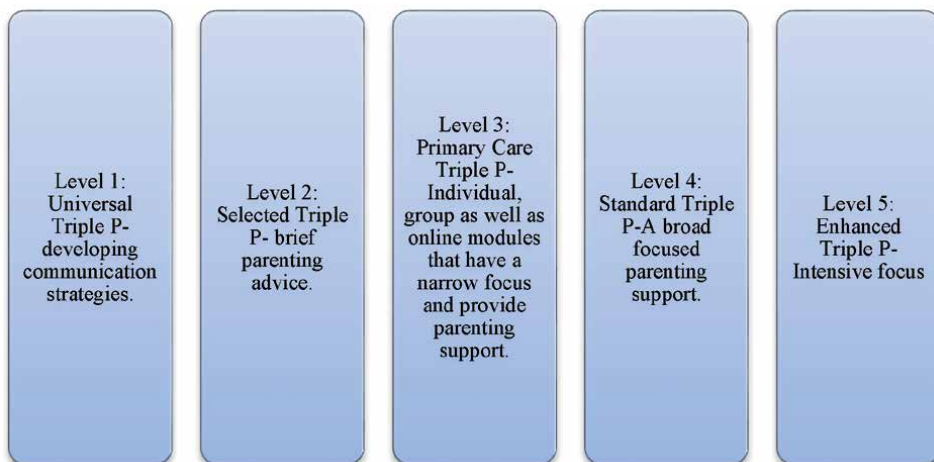


Figure 2.
The levels of positive parenting program module.

Levels of modules: The module covers five levels that have been developed to extend across a variety of specific situations (**Figure 2**).

The module works on specific situation differently by using the suitable therapeutic technique. Overall, the psychoeducation, parental behavior, emotional resilience, mental gym, cognitive restructuring, promoting constructive coping, and so on all included in the module that works differently in every therapy session according to the problem [50, 51].

8. Case studies

“Sarah was a 24 year graduate of a BTech program from a reputed public college. She recently moved towns to pursue a job at an IT company. Sarah was worried about the impact of her decision to move on her mother, who having divorced her father when Sarah was just 7 years old, was close to retirement. Sarah’s mother was a middle-school teacher, who had dedicated her entire life to raising her daughter post her divorce. Sarah described herself as being a shy child, who would often get bullied at school for her stutter. Although sessions with a speech therapist had reduced her speech impediment and growing up, she gained a greater deal of self-confidence, she often grappled with anxiety attacks. Sarah described her mother, saying that although she was extremely caring and patient towards her, she felt that her mother would often be excessively cautious and would limit Sarah from going out and enjoying with her friends. This often led to disagreements between the two, and Sarah reported often times feeling guilty post the arguments as she felt that her mother was only trying to look out for her. When Sarah began college, she noticed the disagreements between her mother and herself began to increase. She recalled being extremely annoyed with her mother for questioning her every time she wanted to hang out with her friends, and when she would go on to check her phone. Sarah described being mortified when once her mother went to speak to her teacher about a missed assignment, and recalled worrying about her classmates thinking of her as incompetent at dealing with something as talking to a professor. She gradually began feeling resentful towards her mother, especially when the latter involved herself in Sarah’s break up. This prompted Sarah to take up the job in the other city, stating that she wanted some time away from her mother’s ‘constant nagging.’ However, she also felt guilty and was worried whether she would be able to independently handle things. Although at the start of her new job, Sarah felt optimistic, she found herself being increasingly walked over at office, and began taking on more work than necessary. This made her feel burdened and stressed and she began feeling an increase in her anxiety levels. Furthermore, she began to feel that people at her office did not treat her as nicely as they should and she began feeling that perhaps they did not think highly of her. Because of an increased work load, Sarah found it difficult to handle her domestic affairs as well. When she shared these difficulties at work with her mother, she was shocked to see her mom deciding to come to live with her so as to help her out with her problems. Sarah found herself feeling increasing apprehensive about her mother’s arrival and upon recurrent anxiety attacks at the thought of her mother going to talk to her boss, Sarah decided to seek out professional help.”

“John was a 36 year old single-father of a 16 year old boy. Having had a child at the young age of twenty and being cut off by his family, John was forced to quit medical school and seek out a job to support his family. John had worked several odd jobs and finally found a stable job as a car salesperson. When his son was

4 years old, he had lost his wife in an accident and was forced to raise his son on his own. John described his son as having had a weak immune system as a child, and would fall ill often. As a result, John would constantly worry about his son falling severely ill and hence growing up would stop his child from playing outdoors as often as his peers. This resulted in his son often reacting angrily and asserting that John did not care about him like other parents. John's son was academically above average and won several accolades from school. John found himself hoping that his son would become a surgeon and make a name and a comfortable living for himself. However, John's son stated he was not particularly interested in medicine. John stated that since early childhood he would try to fulfill all the desires of his son. He reported that he would not reprimand his son in case he caused mischief, often times defending his son and blaming the school authorities for mismanagement. Lately, John reported noticing that his son has become increasingly arrogant towards others and would even talk back to John if he does not fulfill his demands."

9. Conclusion

Parenting and parenting style are an intricate and complex phenomenon that is determined by a number of factors, both individual and contextual. Furthermore, parenting choices not only yield a here-and-now result but also have long-lasting implications on the psychophysiological health of the child. From the original conceptualization of parenting style as constituting only four typologies, that is, authoritarian, authoritative, permissive, and negligent, the terrain of parenting styles has greatly evolved. The turn of the twentieth century demonstrated the phenomenon of another approach to parenting, dubbed "overinvolved or helicopter" parenting. Helicopter parenting not only was seen as evolving from the parent's own anxiety but was also mediated by their regrets and factors within the child (such as his or her vulnerabilities). These anxieties, shaped by sociocultural beliefs about parenting practices and the parent's gender, prompt the parent to engage in practices that involve hyperinvolvement, problem solving, and directiveness toward the child. Such behaviors yield several potential consequences on the development of the child. Research has been mixed in the determination of the impact of helicopter parenting. While certain studies have evidenced a greater deal of satisfaction by young adults during their college life, there has also been a great deal of studies implicating an increase in mental health difficulties (such as anxiety, depression, and malignant narcissism) as well as poorer self-regulatory and coping skills in the individual. Mediated and understood through the lens of theories such as self-determination and circumplex model, the helicopter parenting is a phenomenon that provides several avenues of research and early intervention strategies to mitigate potential negative consequences.

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Conflict of interest

The authors declare no conflict of interest.

Note

All the figures are originals. To make the content impressive, these are prepared by author in smart art format word document.

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Parent-Adolescent Relationship and the Impact of Substance Dependency within the Trajectory of Adolescent Substance Use Disorder

Faith Mathibela and Rebecca Mmamoagi Skhosana

Abstract

Adolescents strive for freedom and autonomy; thus, communication with their parents needs to be enhanced. Building solid healthy relationships at this stage of their lives is of utmost importance to help them cope with the changes and challenges they are experiencing. The purpose of this chapter is to explore the parent-adolescent relationship in the substance dependency field. The focus is on the relationship between parents and their adolescents who have a substance use disorder. Parenting adolescents poses its own set of challenges, making it difficult to build and maintain healthy parent-adolescent relationships. We argue that although adolescent substance use disorder has been extensively researched, the relationship between parents and adolescents with substance use disorder has surprisingly not received the same attention. It is this gap that this chapter seeks to address. With this in mind, the ecological systems theory was employed here to shed light on the importance and significance of developing healthy parent-adolescent relationships. The findings show that the parent-adolescent relationship primarily informs the daily living of both the parents and the adolescents. The parent-adolescent relationship is therefore very important as it represents whole-family functioning.

Keywords: parents, adolescents, relationship, substance misuse, substance use disorder

1. Introduction

The parent-adolescent relationship is one of the most important relationships in the life of an adolescent. During this stage, many changes take place in the parent-adolescent relationship. Differences in opinion may at times exacerbate conflict between adolescents and their parents. Parents want to be protective of their adolescents while adolescents feel controlled. Besides an increase in conflict, adolescents find their parents less supportive in early to middle adolescence [1]. Parents also gradually relinquish power and control over the course of adolescence. Adolescents tend to resort to substance use and misuse for the same reasons as adults mainly for stress relief and enjoyment; however, with adolescents, there may be additional

reasons such as the desire to take risks, demonstrate independency, and the need for approval from friends, peer pressure, curiosity, demonstration to adults that they can make their own decisions, and reaction to parental styles [2]. In terms of the latter, parenting styles have been linked to adolescents taking substances [3]. This is confirmed by Brewer [4] who attests that parenting behaviours such as parental involvement, monitoring of children, and inconsistent discipline play a role in adolescent substance use. In the quest to distinguish the two parenting styles, Bares et al. [2] caution that the authoritative parenting style is a protective factor, while the neglectful style is a risk factor for adolescents. Amidst all these changes, in striving for autonomy and less parental control, and in their search for a sense of belonging, adolescents often get caught up in the web of substance misuse. Parents try to instil discipline hoping that this will put the child on the path to success and help them to become responsible adults. Conversely, these acts of discipline have an adverse effect, sometimes even increasing the risk of adolescents using substances.

Substance use disorder among adolescents is a major problem not just in South Africa but the world all over, affecting young people from all races [5]. In sub-Saharan Africa, studies have confirmed that there is a growing epidemic of substance abuse among adolescents showing approximately 41.6%, with the highest rate in Central Africa at 55.5% [6]. In South Africa, 2018 estimates indicated that 376,000 adolescents aged 12–17 were recorded to be using hallucinogens and heroin [7]. This data reveals the high prevalence rates of substance use by adolescents, exacerbating the concerns of parents. Many South African adolescents are dependent on, experimenting with, or misusing substances [8]. Often adolescent substance use disorder can be attributed to difficulties in upbringing. However, the dearth of studies on the parent-adolescent relationship where the adolescent is misusing substances is confirmed by Hoeck and van Hal [9] and Waini [10]. From an ecological systems perspective, both parties—the parent and the adolescent—need a lot of support from the family, groups, and the community at large. For this reason, by means of this chapter and our research, we have endeavoured to develop, understand, and further explore the relationship of parents who are living with adolescents with substances use disorder in the realm of the social science fraternity.

This chapter begins with some basic information on the adolescence developmental stage. This is followed by an exploration of the relationship between the parents and the adolescent with substance use disorder. Particular attention is given to the parent-adolescent relationship where the adolescent is involved in substance misuse. In addition to a general discussion on the topic, the chapter then considers a number of factors that hamper the parent-adolescent relationship. Finally, some conclusions are drawn based on the above literature and discussion.

1.1 Adolescent stage

Adolescence is a crucial developmental stage to build a healthy parent-adolescent relationship. It is also an important transitional period in the development of a child. Although striving for and seeking greater independence, the adolescent is still in need of a warm and close relationship with her or his parents. Adolescence is a period of mostly biological and psychosocial changes, which might have a significant impact on the parent-adolescent relationship. During this stage, adolescents and their parents are faced with the challenge of learning and recognising new responsibilities and changes in their relationship. Furthermore, in this transition phase, progressively less time is spent at home and with their parents, as adolescents push for greater freedom and independence [11]. They begin to test parents' rules, boundaries, and role expectancies. Intense peer pressure heightens conflict as family beliefs and practices are questioned. Struggling with a sense of inferiority,

they constantly seek a sense of belonging. As they make space and privacy demands, conflict with parents may increase. With these changes come crucial questions regarding who they are, what they want, and what they need. During this period, parents and adolescents may experience more communication difficulties and challenges in building their relationship. Good and open instead of bad and closed family communication can contribute to their relationship, as well as to the adolescent's development and self-esteem. The causes of substance abuse among adolescents cannot be singled down to one cause. Substance abuse is associated with different factors including peer pressure, boredom, low self-esteem, experimenting, economic factors, and poor performance academically [12]. On the other hand, poor parent-adolescent communication, compounded by external forces such as genetic vulnerability, environmental stressors, social pressures, individual personality characteristics, and psychiatric problems, may contribute to the adolescent misusing substances. Furthermore, the literature review [4, 13] reveals that parenting styles that include low parental involvement, inconsistent discipline, and poor monitoring of adolescents can lead to teens having mood disorders and depression. It is therefore an undisputed fact that having a good relationship and more open communication with the adolescent will yield more positive results. In other words, the quality of the parent-adolescents relationship—whether good and open—or bad and closed—may lead to adolescent substance use disorder.

1.2 The use of substances by adolescents

The use of substances by adolescents may be devastating for parents, particularly as they begin to find them exhibiting unpredictable and uncontrollable behaviours of smoking and drinking substances more frequently. Consequently, they perceive their adolescents as being difficult children, which in turn challenges parent-adolescent interaction, affecting the quality of their relationship. The importance of this cannot be understated. The quality of the parent-adolescent relationship may serve as a buffer against future problems such as substance misuse and substance use disorder. Parents might feel like their lives revolve around their substance-dependent adolescent as they are in constant need of support. In light of this background information, it can be deduced that the parent-adolescent relationship is in most cases faced with uncertainties and mismatch of communication that can lead to disagreements and further conflict. In families where adolescents are using and misusing substances, the parent-adolescent relationship may be negatively impacted. The following section discusses factors that hamper the parent-adolescent relationship.

1.3 The parent-adolescent relationship in the midst of substance use disorder: hampering factors

The first hampering factor to consider is *tension* in the parent-adolescent relationship. As detailed earlier, adolescents have a drive to seek independence and achieve greater autonomy. The stress of having an adolescent with substances use disorder may cause problems between parents as they might also be in disagreement on how to handle the adolescent with substance use disorder. The ensuing conflict may result in a breakdown of the marital relationship, perhaps even lead to separation or divorce in some cases. In such a situation, the adolescent will end up with one primary caregiver, usually the mother. To earn an income and make a living, she may have multiple jobs requiring her to spend hours away from the home. As a result, the adolescent may be left unsupervised and on their own for long periods of time. Without having curfews and being left to their own devices, they are

vulnerable and exposed to undesirable influences, such as gang membership and drug use. It becomes difficult for the family to continue with their lives without taking into consideration the life of the adolescent with a substance use disorder. Furthermore, the emotional burden of having a child that is dependent on chemical substances has a significant impact on the health and wellbeing of parents as they constantly worry about their child.

Adolescents are particularly sensitive to control issues and thus become extremely rebellious. Parents sometimes feel they must choose between their partner/spouse and adolescent with substance use disorder. To support this further, Waini [10] states that parents often have disagreements on how to deal with their adolescents' addiction. Increased parent-adolescent conflict often spills over into the relationship between parents, causing marital conflict and discord between parents, creating high levels of tension in the family. There is thus a clear link between adolescents' addiction and distressed parental and family relationships. Arguments often erupt over how the child needs to be raised, with one parent sometimes feeling that the other has been too lenient or even spoil the adolescent that is misusing substances. Further eruptions revolve around how the troublesome behaviour of the adolescent should be managed. Communication between parents becomes strained and abrasive as they struggle to agree on ways to deal with and manage their substance-abusing adolescent. Parental conflict and tension between the parents may also cause deterioration in the father-adolescent relationship. However, with constant attention being focused on the adolescent with substance use disorder, these families often end up broken and divided [14]. Supporting this, Winters et al. [15] contend that having an adolescent with substance use disorder within the family can disrupt the entire family's life by arousing complex emotions, fracturing family values, and advancing family dysfunction.

The second factor hampering the parent-adolescent relationship is *self-blame*. Overcome with guilt, parents are often angry at themselves for focusing more on work and other related issues than spending time with their adolescent children. They thus blame themselves for their child's misuse of substances. In this regard, Barlow [16] opines that parents often report feeling guilty and responsible for their adolescent's substance-use habits and behaviour, believing they failed in their role as a parent. As a result, they feel ashamed, angry, and even guilty about their adolescent's use of illicit substances. Dreyer [17] reiterates that parents often blame themselves for their child's behaviour, or they may even cover up for their adolescent child so that he/she does not have to take responsibility for his/her actions.

Thirdly, *family detachment* places the adolescent in the vulnerable position of experimenting with and being addicted to chemical substances [18]. According to Segal et al. [19], divorce and marital problems have a negative impact on children. Adolescents who struggle to deal with the loss of the intact family are particularly affected, often leading to acting-out behaviours, including the misuse of substances. In reflecting on dysfunctional and blended families, Barnard [20] and Dreyer [17] note that adolescents within such families may be vulnerable to substance misuse as they lack love and care they need from their biological parents. However, this is not the case with all families. Parents may feel that they have failed their adolescents and themselves, believing that family problems and divorce are the cause of their adolescent child's substance use disorder.

Fourthly, feelings of *helplessness* accompany the parent-adolescent relationship: Adolescents usually want to do things their own way—it's either their way or the highway. Parents at this point often express a sense of helplessness, feeling that they have tried all they can to help their child by either booking them into a rehabilitation centre or providing constant counsel and assistance, but to no avail. These feelings are further compounded by their inability to control the behaviour of their

adolescents, which in turn has a direct impact on the family unit. It should be noted that substance misuse does not only affect the person who is abusing it, but also the lives of their family members, which can become strained as the parents begin to feel angry, anxious, and even guilty about the situation [21]. Parents of adolescents with substance use disorder typically experience significant hardships as they are unsure of how to deal with their delinquent adolescent and often receive limited support and assistance from family, friends, or the community.

Fifthly, parents might find it difficult to *trust* their adolescent to make their own decisions regarding important matters like career choice, relationships, and other significant issues. However, an adolescent with a good healthy parent-adolescent relationship will be able to make those crucial choices and request assistance when he/she needs. When parents reject their adolescents for not heeding their advice, they risk impairing their relationship with their adolescent.

The last point looks at the *psychological effects* of the parent-adolescent relationship. Adolescent substance use disorder places a heavy burden on the physical health, mental health, and general well-being of families, especially the parents [22]. Raising a responsible adolescent requires a lot of effort and time, and if an adolescent misuses substances, the household experiences constant conflict and continual crises. Adolescent substance use disorder causes severe strain on parents and this causes parents to experience negative psychosocial functioning, including higher rates of depression, and a range of negative feelings, such as anxiety, guilt, tearfulness, and confusion [9, 23]. Parents of adolescents abusing substances may constantly worry about the well-being, safety, and whereabouts of their children. They may also experience additional strain due to the increased financial burden associated with their belongings being stolen by their substance abusing adolescent. Parents may even unknowingly enable the adolescent to continue abusing substances by covering up for them, making excuses for their behaviour, supplying them with money to buy more drugs, or even denying that they have a problem. In actual fact, some parents are physically abused by their adolescents when they require money to buy more substances [14, 24]. When adolescents do not get the support they need from their parents, they may turn to their peers.

From the above background, it can be deduced that the parent-adolescent relationship needs to be nurtured. Parents need to be involved in the lives of their adolescent and they should be aware of their friends, activities, and where they socialise [17]. Adolescents need particularly positive and supportive relationships with their peers and family. Parents have difficulty trusting their substance-misusing adolescent, especially because of their lying and stealing behaviours. Barnard [20] indicates that it is a simple yet largely ignored truism that substance use disorder has a profound impact on families. According to Mhlongo [25], parents often accept that adolescents in general are typically rebellious, insecure, and emotionally labile, and do not recognise these as possible symptoms of substance use disorder until it is too late to manage the problem appropriately. By the time parents realise that their adolescents are abusing substances, they may already be caught up in the web of addiction.

2. The theoretical framework

According to Zastrow and Kirst-Ashman [26], ecological systems theory looks at how people adjust to the demands of the environment, at the needs and growth of the people, and at the individual, group, and community at large. In addition, Schenk, Mbedzi, Qalinge, Schultz, Sekudu and Sesoko [27] affirm that ecological systems theory focuses on the individual and on understanding the individual

holistically, with particular attention given to how individuals are influenced by the environment, including the people they interact with. The ecological systems theory is based on how parents relate to their adolescents who are abusing substances and other systems in the environment, paying particular attention to how individuals and systems influence each other. Emphasis is therefore not only on the behaviour of the individual, or in this case, on the behaviour of the substance-dependent adolescent, but also on significant others, especially parents who are affected by the substances use disorder of their adolescents.

3. Discussion

Traditional family structure has undergone drastic changes over the years. Developmental models and intervention outcome studies recommend that ecological systems theory is a sustainable way to work on maintaining the parent-adolescent relationship in order to prevent the challenges of substance use and misuse among adolescents. Payne [28] reiterates that ecological systems theory focuses not only on the adolescent, but on the whole family, significant others, and the surrounding community. Among the major roles of parents in times of disruption is to maintain and restore family rules and routines that afford a sense of coherence, stability, and well-being during such times. Accordingly, attention is not only given to the behaviour of the individual, or in this case, the behaviour of the adolescent, but also to that of the parents; hence the parent-adolescent relationship is looked at holistically.

The environment, basically everything and everyone that surrounds them, exerts a significant impact on the adolescent. Building a good parent-adolescent relationship will assist parents in guiding and advising their adolescents about the dangers of, among others, substance misuse, and how to cope with peer pressure [29, 30]. In addition, studies on parental closeness and emotional support [4, 31] shows that a close parent-adolescent relationship is a direct buffer to substance use when adolescents experience challenges in their lives, as they are likely to receive the emotional support they require. Finally, positive parent-adolescent relationships protect adolescents from the negative effects of authoritarian and permissive parenting styles [32].

Adolescents often grow and flourish in the context of close and dependable relationships that provide love and nurturance. The absence of such relationships disrupts the development of adolescents, the outcome of which may be long and severe. This is sometimes exacerbated by the challenges of family discord and broken families.

Parents today are mostly working and that makes it difficult for them to have time to play or spend with their children, especially adolescents. If parents are not engaged in the lives of their adolescents, it becomes difficult for them to follow through their milestones. They also struggle to ascertain where their adolescents are psychologically and physically. Thus, building a healthy relationship helps both parties understand the family as a complex emotional system, not a business entity. Parents ought to nurture, encourage, show firmness, guide, respect, facilitate, love, and respect their adolescents. The understanding should be that when they disagree on issues it is not about who is in control, but rather about building each other up for the better.

The report by Mohasoa [33] indicates that parents who give their adolescents a lot of money without monitoring how it is spent might find their adolescents falling into the trap of misusing substances. Due to the fact that parents spend most of their time working, they go through life oblivious of what is going on

around them and in the lives of their adolescents. Thus, Masombuka [34] asserts that adolescents of working parents are at higher risk of misusing substances than adolescents of retired and unemployed parents, as these parents might have more time to spend with their adolescents. Some parents are not even aware that their adolescents are misusing substances and only learn about their substance use disorder when their child is either arrested or from complaints from the school. This chapter has established that adolescents need a lot of support and care from their parents. When this is lacking, they are particularly vulnerable to the strong influence of peer pressure, which can result in substance misuse. The parent-adolescent relationship should encourage warmth and support. It should be a supportive environment where an adolescent feels comfortable enough to share and discuss any issues or concern in their lives, without the fear of judgement or punishment [35]. One of the goals of building the parent-adolescent relationship is to encourage and facilitate open communication between adolescents and their parents, which will inadvertently address many of the social ills the world is facing. Uninvolved parents have pushed their adolescents to be more negative in comparison to their adolescent friends who have a good relationship with their parents.

Bezuidenhout and Joubert [36] point out that adolescents have a powerful need to spend more time with their peers and less time with their parents. Because they highly value friends and socialising and eagerly desire to fit in with their peers, adolescents may end up engaging in dangerous activities. In support of this, Berk [37] alludes to research that shows that adolescents who are insecure and feel incompetent are susceptible to peer pressure, frequently giving in to peer influences to fit in, and may consequently engage in substance misuse. Troubled parent-adolescent relationships contribute to some adolescents feeling that they are of no value to their parents. Losing hope, they end up socialising with deviant peer groups, increasing their risk of engaging in substance misuse. Highlighting the impact of negative peer groups, Cottrell and Monk [38] assert that peers can incite spiteful behaviour towards their parents, especially in broken relationships, and that adolescents always have many reasons to be vindictive, vengeful and spiteful. Parents need to be actively involved in their adolescents' lives. This means, they should be cognisant of which friends their adolescents are socialising with, where they are hanging out, and what activities they are engaging in. This awareness will assist parents in guarding their adolescents against the dangers of substance misuse as well as teach them how to cope with peer pressure.

Children in the adolescence stage feel that they are maturing enough to make their own decisions. Parents therefore need to act more cautiously when handling their adolescents, as they are more likely to follow the rules of their parents if they are treated with love and respect [39]. Some adolescents have a hard time communicating with their parents about certain problems they are experiencing within the home, at school, at work, or in their relationships. However, research [3, 4, 32] shows that parents have a special role to play in nurturing healthy adolescents. Fathers are seen as the head of the family in African households, and they lay the foundation for the upbringing of adolescents, especially the boy child. However, parents need to continue to soothe and stimulate their adolescents, set limits on aggressive/impulsive behaviour, and reinforce self-control. Depending on the specific system, these behavioural patterns can lead to either balance or dysfunction of the system, or both, at various points in time. Family plays an indispensable role in nurturing, developing, providing for, and supporting the adolescent to become an independent and responsible adult [18].

Ecological systems theory views individuals as being linked to different levels of structures, such as the micro, mezzo, and macro levels, meaning that people are not

islands, but interconnected. In other words, their behaviour and actions might affect and be affected by other family members, peers, groups, or even the community [40].

Parent-adolescent relationships can be challenging because as the child gets to the adolescence stage parents might feel that they need less parenting. Parents mostly struggle with the emotional instability of their adolescents during this stage because they sometimes overlook their responsibility of nurturing and guiding their adolescent. However, if healthy relationships are maintained, it gets better after the adolescence stage. It is quite normal and common for adolescents to be moody or seem uncommunicative, but they nonetheless still need parents as a source of support and strength. Parents need always know that their adolescents' value them and need them to be involved in their lives, irrespective of their attitude, behaviour, or body language.

As they grow up and reach the adolescence stage, adolescents want to have more control over their lives and the freedom to make their own decisions. Intrigued by the idea of autonomy, they start to fight for more control and freedom. The challenge of moving into young adulthood is a very sensitive stage, not only are they eager to explore their newly acquired freedom, they are simultaneously afraid of losing the most important thing in their lives—the love and care of their parents [41]. This is the stage where adolescents are taught by their parents how to be men or women in the African culture. Adolescents often feel a great burden in trying to meet their parents' expectations, and thus find a solution is substance use as a way of proving their adulthood. Being an adjustment for both parties, some parents feel rejected when their adolescents start practicing their independence, while others feel proud to see their adolescent maturing into a young adult. Allowing adolescents to exercise their judgement and be themselves rather than who their parents want them to be, will allow them to grow into independent, confident, secure individuals, without cutting their parents off. Thus, having supportive parents will give them the confidence that no matter what, their parents will always be there for them.

During this transition phase, while adolescents are experiencing challenges in self-discovery, parents are also adjusting to the changes their adolescent is going through, e.g. physical changes, emotional ups and downs, and so on. Parents may express anxiety about seeing their little child growing up and having to deal with the new set of challenges this phase brings. Rebellion is harmful to the parent-adolescent relationship, so if the parent is dealing with a rebellious child, this might lead to the breakdown of the relationship, as parents find such behaviour very discouraging.

Parents should always remember that adolescents continue to look up to them, even though most of the time they do not show it. Parents continue to be the most important influence in the lives of their adolescents. Branje [42] cautions that parents often think they should suppress the negative emotions of their adolescent children and encourage their positive emotions, or they should avoid expressing their own negative emotions during conflicts. Instead, adaptive interactions during adolescence seem to be characterised by a range of emotions. Thus, Branje [42] advises that parents should learn to guide adolescents to express, share, and regulate a range of positive and negative emotions.

Peer pressure is the manifestation of social influences that affect individuals in a positive or negative way, and it is mostly peers who influence each other to engage in activities so that they can be accepted in their social groups. According to Bezuidenhout and Joubert [36], adolescents have a powerful need to spend more time with their peers and less time with their families. Among adolescents, there is a craving to fit in with their peers, and as a result, they can end up engaging in dangerous activities, especially if left unsupervised or to their own devices, as

explained previously. Adolescents who feel they are of no value to their parents are vulnerable to the influence of deviant peer groups, and consequently, substance misuse. Cottrell and Monk [38] highlight the link between substance misuse and negative peer influence, stating that peer groups can easily sway or influence each other to rebel against their parents. Recommendations by Dreyer [17] include that parents need to be more involved in their adolescents' lives, and that they should be aware of who their children's friends are, the kinds of activities they are involved in, and their social positions and relations. This awareness will steer parents in advising and guiding their adolescents about the dangers of substance use disorder and how to cope with peer pressure, thereby diverting adolescents from engaging in risky and deviant behaviours.

Substance use impacts all life domains and parents of adolescents who are misusing substances are affected spiritually, physically, psychologically, and emotionally. Often experiencing high levels of stress and anxiety [20], the severe strain placed on parents gives rise to a wide range of negative feelings such as depression, guilt, tearfulness, and confusion. This shows that the impact on parents' mental health is enormous.

As noted earlier, substance misuse does not only affect the individual with substance use, but also his/her family, and every facet of society. Howard, Hesston, Key and McCrery [23] draw attention to the impact substance misuse has on family relationships, often causing enormously strained family interactions, bitterness, and resentment. The effects of substance misuse frequently extend beyond the individual with substance use disorder, placing a heavy burden on the physical and mental health of both the individual and his/her family. The problem with substance and alcohol misuse is that it drains the physical, intellectual, and economic resources of each individual as well as his/her family [43]. A further noteworthy point is that substance misuse has physical implications for the developing child or adolescent and may produce symptoms that mimic other psychopathological behaviours [44]. The repercussions of these implications on the child's development might lead parents to worry about the well-being of their adolescents.

4. Conclusion

This chapter explored the parent-adolescent relationship in broken families. It was found that when disrupted, the parent-adolescent relationship brings about challenges in families, especially for adolescents. This is because they need to adapt to the new family circumstances which can bring about much instability and insecurity, although this is not the case with all adolescents from broken families. Furthermore, Hamilton et al. [18] emphasise that parental conflict and family detachment are often contributing factors for succumbing to peer pressure and subsequent adolescent drug-involvement. In addition, factors such as feelings of helplessness and self-blame were highlighted, as some parents internalise anger and blame themselves for unsatisfactory or non-existent father-adolescent relationships, which they feel could have been avoided or handled in a much better way for the sake of their children.

Adolescents are also affected by on-going conflict in the parental/marital relationship and the subsequent non-involvement of one parent. When they do not get enough attention from their parents, they become increasingly dependent on their peers for support, comfort, and even advice. However, this is not the case with all adolescents, and many turn out fine, despite being under the care of one parent. The notion was rebuffed that all adolescents raised by single parents end up abusing

chemical substances, as some adolescents raised by both parents still ended up being addicted to chemical substances for various reasons.

In the event of divorce or separation, parents are encouraged to maintain involvement in the lives of their adolescents. As adolescents traverse the relatively vulnerable stage of adolescence and are in the process of becoming adults, they need support from their parents in the form of healthy parent-adolescent relationships that will help them to become responsible young adults. In building such a relationship, parents need to understand that it does not matter how good they are in giving advice, they must be flexible enough to allow their adolescent to solve their own problems.

In making sure that adolescents are prepared to be independent, fully-functioning adults as well as reach their full potential, parents need to provide constant on-going support and focus on building a healthy parent-adolescent relationship. Mentoring adolescents is an important component of good parenting. Parental skills continue to play an important role in assisting and empowering parents to adopt better ways of building relationships with their adolescents. By utilising the ecological systems theory, parents and communities are empowered to build strong healthy relationships, which will in turn buffer adolescents from engaging in delinquent behaviours, such as substance misuse. Of particular importance is understanding how one's parenting is linked to their child's addiction, and using this knowledge to rebuild a stronger parent-adolescent bond, collaborating with them in the process of healing and recovery.

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Conflict of interest


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Parental Coping Styles of Individuals with Autism Spectrum Disorders: A Report from Iran

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Abstract

Coping with challenges associated with caregiving for a child with autism spectrum disorders (ASD) could be a parental stressful task. The present study is aimed at exploring the coping styles adopted by parents to handle the demands of this diagnosis for their children. To understand the parental coping style of Iranian parents who are caregiving for their offspring with ASD, a mixed-method approach is considered in which deep interview and self-report questionnaires were used. In all, 43 parents were recruited from different services for individuals with ASD across Tehran. The finding showed that ASD had multiple impacts on Iranian parents' general well-being. They also used less effective coping styles to meet the associated demands of caregiving for a child with ASD. These impacts were similar to reported findings for parents in other countries, but there were some special features of parenting that might be rooted in the Iranian culture or special contexts such as limitation of the formal and informal supports and services.

Keywords: coping style, autism spectrum disorders (ASD), parental general well-being, autism parenting, Iran

1. Introduction

As it is defined by the American Psychiatric Association, individuals with autism spectrum disorders (ASD) exhibit qualitative impairments in communication and social interaction along with restricted and repetitive behavioural patterns [1]. These features mostly negatively impact the parents, resulting in poor general health as a consequence, impacts such as lower levels of family functioning [2] and a lower level of satisfaction with caregiving [3]. In a study on Middle Eastern mothers' reaction after the diagnosis of developmental disabilities for their children in the United Arab Emirates (UAE) [4], it was reported that giving birth to a child with disabilities was a real threat to their marital stability and their general well-being and it was a source of stress and challenge for them. It is also found that when mothers managed to adjust with the imposed position within the family and to fulfill their maternal duties, the results will be strengthening and centralizing the position of both mother and the child with a developmental disability in the family context. Similar findings reported among parents of children with a developmental disability (DD) such as cerebral palsy (CP) in Iran [5].

From the available data on comparison of parents of children with different conditions of development, it was reported that parents of children with ASD experience higher levels of challenges such as stress and general well-being problems compared to parents of typically developing children and parents of children with other developmental disabilities (i.e. intellectual disability, ADHD and cerebral palsy) [2, 6, 7].

The wealth of data has examined factors associated with adverse impacts on the general well-being of parents bringing up a child with ASD. Hastings and colleagues [8] have found that a positive linear relationship exists between the severity of the child's ASD symptoms and boosting mothers' stress level. From a literature review, it is concluded that a lack of social support as an important factor predicts maternal general well-being problems. These impacts can be in different ways; on the one hand, there are reports [9] on existing negative correlations between the level of parental stress and the degrees of available social support for mothers, and on the other hand, it is reported that some types of formal support might be considered as a stressor which forces parents to adopt negative coping styles.

As an example, professionals might place extra demands on parents to accomplish prescribed tasks with their children. These groups of parents are in contact with many different professionals and they can often be confused as to what each person's role and demand is in the care and rehabilitation and training their child [10, 11]. Consequently, interactions with professionals might prove to be stressful as well as supportive experiences [10]. The importance of developing and employing a well-functioning coping style for the parents of children with ASD has been stressed by Sivberg [12] and has been replicated more recently by other professionals in the field of mental health and resilience [13]. Coping style is an action, a series of actions, or a thought process used in meeting a stressful or unpleasant situation or in modifying one's reaction to such a situation. Based on the American Psychological Association (APA) [14] online dictionary, coping style typically involves a conscious and direct approach to problems, in contrast to defence mechanisms. As an example of coping strategy, the parent might decide to be careful not to expect extra assistance in caregiving for his/her child with ASD and starting to adopt a consistent and mutually beneficial approach with the child with ASD, which is classified as a 'problem-focused' or positive coping strategy. While the wealth of findings supports the applicability of positive coping style and its correlation with better adjustment to different challenging situations such as caregiving for an offspring with chronic illnesses or disabilities [15], findings by Higgins and colleagues [16] revealed that such positive adopted coping style did not necessarily appear to be related to other family qualifications such as family functioning, marital quality, marital happiness and parental self-esteem. Their justification regarding this unexpected finding was that the particular stresses and coping style associated with caregiving for a child with ASD, or that the reality of living with a child with ASD was not facilitated by the adopted coping style employed by parents. Altiere and Kluge [17] found that parents who use positive coping styles tended to consider their family as a highly integrated and joined unit. This may mean that as the levels of cohesion increases among the family members, they tend to use more positive coping strategies such as rational style.

Conversely, Dunn and colleagues [18] found that avoidant coping styles, such as distancing and escape, significantly correlated with depression in parents of children with ASD. Further research suggests that elevated stress levels, lack of social support, and ineffective coping styles are among the most dominant predicting factors of psychologically problematic outcomes among parents of children with ASD [19, 20]. Hence, there are reports on the positive side of caregiving for a child with ASD, and Hastings and Taunt [21] found that the positive perception of

parents about children with different severe forms of disabilities such as ASD could help parents to cope with high levels of stress and serve as an adaptive functioning. This aspect might be worth exploring further with parental caregiving to a child with ASD globally.

1.1 The situation of the children with developmental disabilities in Iran

To assess suitability for registration in the first grade of primary school, all Iranian 6-year-old children are required to go through a national screening system administered annually. The evaluation procedure is done under the supervision of the Iranian Special Education Organization (ISEO). The program is extensive and consists of a physical check-up and mental screening undertaken by a general physician and other health professionals. The mental evaluation of the children is done by checking their communication level and readiness for education by an educational counsellor using a nationally devised scale. Every child is individually assessed by different evaluators. Those children who do not pass the screening are referred for a professional evaluation. The outcomes are documented in the children's 'Health Identification Booklet' separately for girls and boys, which are given to their parents and are necessary for registration in the first elementary grade. Based on the results of this evaluation, children are referred to public or special schools for children with special needs such as schools for visual impairment, hard of hearing or intellectually disabled. For children with physical and motor disabilities and high-functioning autism or mild level of disabilities, there are inclusive schools in which children are admitted in public school classes with an appointed assistant (called a shadow trainer) to help the child to adjust to the situation through meeting their individual needs. Children with special needs in some areas due to the absence of special schools might refer to the mainstream schools which are educational centres that have special classes inside a public school. The situation for preschoolers with special needs is different. Kindergartens, preschool, and daycare centres are under the supervision of the Iranian State Welfare Organization (ISWO), and the registration of children with special needs depends on the administrator's decision based on the services available in each centre.

2. The present study

2.1 The rationale for the present study

The rationale for utilizing this study was a dearth of information on the impact of caregiving for a child with ASD on parents' coping style to adjust themselves with associated challenges and demands in less affluent countries with limited support and service. The survey study had the following research objectives:

- i. to understand the different impacts of ASD on parental coping styles based on their explanation obtained from the parents' answers to the interview questions;
- ii. to understand the relationship between parental coping style and children with ASD features, that is, the severity of ASD symptoms; and
- iii. to understand the relationship between parental coping style and other parental qualifications related to their general well-being, particularly family functioning and parental satisfaction with caregiving.

A mixed-method approach is adopted in which both qualitative and quantitative data were used to attain the aims and objectives of the present study based around standardized, self-completed parental rating scales and semi-structured interviews.

The combined approach research method involves integrating quantitative and qualitative approaches to generating new knowledge. Combining methods activates their complementary strengths and helps to overcome their discrete weaknesses [22]. In this type of research, different information will be brought together [23]. The basic presumption is that qualitative and quantitative approaches are compatible with a pragmatist paradigm perspective. The pragmatist paradigm has been gaining popularity since the 1980s [24].

3. Method

3.1 Procedure and participants

A total of 43 parents caring for 43 children with a confirmed diagnosis of ASD were recruited from two different sources in Tehran. The children were officially diagnosed as having ASD based on the psychiatrist who approved a report that is necessary for admission in special schools and clinical service deliveries. All the recruited children from special schools were registered with ISEO, and the children from preschool, kindergartens and daycare centres officially were registered in the ISWO.

- Recruiting parents from schools: three public and private special schools (two public and one private) for children with ASD were approached.
- Recruiting parents from the public and private preschools and daycare centres which provide rehabilitation and educational services on daycare bases: three public and private schools (one public and two private) were approached.

The heads of the special schools and daycare centres were contacted in person with an official letter from the Iranian Ministry of Science, which approved the study and the researcher's identity to explain the study and to get permission to participate in the weekly or biweekly parental sessions at the centre and to distribute announcements and brochures about the study to recruit volunteer parents. Participants in this study had to meet the following criteria:

- parents of children with a confirmed and registered diagnosis of ASD as their main diagnosis;
- parents of children with ASD in an age range between 3 and 17 years;
- parents who were the residence of Tehran; and
- parents who were caring for their child with ASD at the time of the study.

Families had two visits each. They were interviewed by the researcher about the way that they are dealing with the challenges associated with receiving the diagnosis of ASD for their children. Although both parents were invited and allowed to participate in the study, only a small group of couples accepted to participate; therefore, for each child, only one parent's information was considered. When both parents participated, only data of fathers were considered, because internationally there is a dearth of information regarding fathers of children with ASD. Two 90-min

sessions were considered. In the first session, parents were provided with the consent form, the information sheet and data collecting questionnaires and the aims of the study were discussed. In the second session, the interview was performed and the previously provided questionnaires which were completed by them were checked and collected. Therefore, the main aim of the first session was focused on informing parents about the study and resolving any possible queries and handing the self-completed questionnaires. The second session devoted to the qualitative interview that took 45–60 min with a 45–30 min fluctuation to cover the parental questions, reception and hospitality that they culturally obligate themselves to do.

The interview consisted of three open questions on the challenges of diagnosis, their most challenges with their child, and the way that they cope with the demands on them. Each main question had some probes to help parents to explain more and provide more detailed information.

The interview started by reminding the parents that the session would be recorded as they consented in the form they received in the first session. Therefore, all interviews were recorded and transcribed verbatim.

In sum, a group of 43 volunteer parents of children with ASD who consented to be participating in the study was contacted and interviewed. The group consisted of 16 (37.2%) fathers and 27 (62.8%) mothers.

3.2 Parental information

Parental demographic data in this study are presented in the following table (**Table 1**).

3.3 Children information

Parents in this study were caregiving 11 (26%) girls and 32 (74%) boys. The children ranged from 3 to 17 years (mean = 8.2, SD = 2.9). About 39 (91%) children were living with both parents, and 4 (9%) were living with their mothers (**Table 2**). Sixteen children (37%) were the only child and 26 (60.5%) had one or two sibling (s) and there was one child (2%) who had over three siblings. **Table 3** (see below) shows more information about the ASD symptoms severity in children based on their parents' reports and understanding.

3.4 Measures

The five parental scales covered parental general health, reported stress, family functioning, coping style and parental satisfaction with caring for a child with a developmental disability. A specially devised socio-demographic questionnaire was used to collect data about parents' and children's demographic information (i.e. parents and child's gender, living places, parental level of education, profession, ethnicity and families' main wage earner, etc.; see **Tables 1** and **2**). The three scales used to collect data about children's ASD severity were well-validated parent-report instruments that had been used in the past research internationally.

3.4.1 Parental scales

3.4.1.1 Scales with Iranian norms

1. General health questionnaire [25]: this is a 28-item questionnaire recommended for screening the assessment of psychiatric morbidity [26] with calculated reliability through test-retest of 0.80. The calculated Cronbach's α for the present study was 0.93. The reported tests re-test reliabilities in other

Variable	Mothers	Fathers
	N = 27 (%)	N = 16 (%)
Parents' education		
Middle school level	2 (7%)	2 (13%)
High school graduate	15 (56%)	5 (31%)
University education	10 (37%)	9 (56%)
Parents' job		
Education	3 (11%)	6 (37%)
Technical	—	5 (19%)
Commercial	2 (7%)	3 (18%)
Medical	1 (4%)	2 (13%)
Unemployed	21 (78%)	—
Parents' ethnicity		
Fars	18 (67%)	13 (82%)
Turkish	8 (30%)	1 (6%)
Kurdish	—	1 (6%)
Other Iranian	1 (3%)	—
Armenian	—	1 (6%)
Parents' age		
under 30	2 (8%)	—
30–39	16 (59%)	6 (37%)
40–49	8 (29%)	7 (44%)
50–59	1 (4%)	3 (18%)
Single parents		
Yes	3 (11%)	—
No	24 (89%)	16 (100%)
Parents family relationship (marriage between family members)		
Yes	5 (22%)	3 (19%)
No	21 (77%)	13 (81%)
Child primary caregiver		
Mothers	25 (93%)	1 (6%)
Fathers	—	9 (56%)
Both	2 (7%)	6 (38%)
Main wage earner of the family		
Mothers	1 (4%)	—
Fathers	20 (74%)	11 (69%)
Both	6 (22%)	5 (31%)

Table 1. Parental demographic information, frequencies and percentage based on their gender.

studies ranged from 0.51 to 0.90 and split-half reliability was shown to be 0.95. The reported Cronbach's α for the Iranian population (calculated on a 751 member sample) was 0.85.

Variable	Frequency	Percentage
Children's age		
3-7	19	44%
8-17	24	56%
Children's gender		
Girls	11	30%
Boys	32	70%
Birth order		
First child	24	56%
Second child	12	28%
Third child	6	14%
Fourth child	1	2%
Type of the schooling which children attend		
Special school	19	44%
Special unit (Clinic)	19	44%
Mainstream school	5	12%
Homeschooling		
Yes	26	60.5%
No	17	39.5%
Verbal communication of children		
Yes	26	60.5%
No	17	39.5%

Table 2.
 Demographic data (frequencies and percentages) on children with ASD (N = 43).

Scale	Mean	Standard deviation	Maximum score	Minimum score	Number (%) of children above the cut-off score	Number (%) of children under the cut-off score
Social communication questionnaire (SCQ)	28.11	5.30	39	15	43 (100%)	0
Gilliam autism rating scale (ASD)	80.58	17.8	116	48	32 (74%)	11 (26%)
Autism behavior checklist (ABC)	92.09	21.48	160	54	40 (93%)	3 (7%)

Table 3.
 Descriptive statistics (mean, standard deviation, maximum and minimum scores) of the children's scales (frequencies (and percentage) of the children who scored above and below the cut-off scores for ASD based on parental report).

2. Coping styles questionnaire (CSQ) [27]: this scale is a 60-item Likert scale questionnaire assessing coping style of four primary dimensions: rational, emotional, avoidance and detached coping. Rational style is determined by a

16-item scale that assesses the active problem-solving type of coping. Detached coping style evaluated by 15 items' sub-scale assesses participants viewing the problem in a realistic light but with not identifying the problem logically. Emotion-oriented style of coping is determined by 16 items that denote a focus on the negative emotions associated with the subject and one's helplessness to solve the problem. The avoidant coping was evaluated by 13 items that deal with behaviours such as pretending that the problem does not exist and trying to ignore it. In the present study, the reported reliability through Cronbach's α was 0.88 for the rational style of coping style and 0.71 for the emotional style of coping. This amount for avoidant coping was 0.56, and for the detached style, it was 0.42. The obtained reliability through the test-retest correlation was 0.93. This correlation for the emotional style of the coping strategy was 0.96%. The reported internal consistency (range from 0.69 to 0.85) and good test-retest reliability over 3 months (range from 0.70 to 0.80) are reported for the scale. The avoidant and emotion-oriented coping factors are also interdependent. The reported reliability for the Iranian population was 0.81 [28].

3. Parental satisfaction with caring for a child with developmental disability index (PSCDDI) [29]: a 12-item scale was derived from the literature reviews and pilot testing in two subscales of "Personal Satisfaction" and "Child Satisfaction" in Iran. The internal consistency across the six items in each factor was assessed using Cronbach's α . For personal satisfaction, it was 0.88, and for child satisfaction, it was 0.83. These results suggest a high degree of consistency across the items in each factor. Test-retest reliability was assessed by correlating a subsample of the parents' scores ($n = 70$) on the PSCDDI measures calculated on their first and second administration of the scale. Across all 12 items, the Pearson product-moment correlation was $r = 0.82$ ($p < 0.001$).

3.4.1.2 Non-Persian scales without Iranian norms

1. Family functioning [30]: this scale of the general functioning is taken from the McMaster Family Assessment Device. It consists of 12 items: 6 items describe unhealthy functioning and 6 healthy functioning (such as the way that family members deal with a problem inside the family). A high score is an indicative of good family functioning. Parents are asked to give answers to the questions and express their agreement with how well an item described their family by selecting among four alternative responses. For the present study, Cronbach's α was 0.82. A test-retest reliability coefficient was 0.76. The reliability index of this scale by the developers was reported to be Cronbach's α 0.92.
2. The Short Form of the Parenting Stress Index (PSI-SF) [31]: this is a 36-item short version of the full PSI [32]. The Total Stress score on the PSI-SF indicates the overall level of parenting stress a parent is experiencing. In this study, Cronbach's α was 0.87, and a test-retest reliability coefficient was 0.98.

3.4.2 Children's measures

Three different parent-reported measures were chosen to assess the variation in ASD symptoms in children based on parental understanding, and the relationship between the severity of the ASD symptoms and parental measures. These three scales were internationally used for evaluating or screening of ASD and mainly

focused on a single aspect of ASD core symptoms. Three following scales were chosen:

1. Autism Behavior Checklist (ABC) [33]: this scale (57 items) is described as a series of typical behaviours common in children with ASD and aims to assess the presence of these behaviours in an individual. Scores between 54 and 67 points are considered with a moderate probability of the disorder, inconclusive scores range between 47 and 53 points, and scores below 47 points discard ASD. In the current study, the calculated Cronbach's α ($N = 43$) was reported to be 0.82. Volkmar et al. [34] found a split-half reliability of 0.70 for this scale. These authors investigated the discriminating validity of ABC using 94 children with ASD and 63 clinically non-ASD children. The rate of diagnoses was reported to be 78%.
2. Gilliam autism rating scale (GARS2) [35]: this is a behaviour checklist developed for use in people aged 3–22 years. The scale consists of 42 items, each describing a feature of individuals with ASD. The Iranian norm was obtained from 658 children with age ranged from 3 to 22 years (mean age of 11.7 years and SD 4.1); Cronbach's α of 0.95 was reported for all the 42 items; and a cut-off score of over 30 yielded the best balance between sensitivity (0.96) and specificity (1.00) [36]. In this study, Cronbach's α was 0.84.
3. The Persian version of the social communication questionnaire (SCQ) [37] translated by Sasanfar and Ghadami [38]: this is a 40-item, parent-report questionnaire that rates the child on characteristic autistic behaviours derived from the Autism Diagnostic Interview-Revised (ADI-R) [39]. The reported Cronbach's α coefficient for the Iranian sample was 0.82 (based on a sample of 712 children aged 6–13) which is acceptable but lower than α of 0.90 reported for the English scale. In this study, Cronbach's α was 0.82 ($N = 43$ obtained on a sample of 43 members).

3.4.3 Translation of measures

The Persian translation of four scales that had been used in Western countries was identified (see below). Persian translations were also available for two other scales that were used—General health questionnaire and Coping Styles Questionnaire—and these also have Iranian norms. However, for two scales (i.e. Family functioning and the Parenting Stress Index), the translation from English into Persian was done by the researcher with back-translation that was checked by a native English speaker experienced in learning disability to check on the accuracy. In sum, the following scales were used:

1. two parental scales (general health questionnaire and coping styles questionnaire) and two child diagnosis scales (GARS2 and SCQ) were the western scales with Iranian norms which have already been translated and used in Iran;
2. one parental scale was originally developed and standardized in Iran (parental satisfaction with caring for a child with developmental disability index, PSCDDI); and
3. one parental scale (family functioning) and one child diagnosis scale (ABC) was translated by the author into Persian without previous Iranian norms.

4. Results

4.1 Qualitative analysis

4.1.1 Parental coping style based on their explanations

Parental answers to the questions on their coping styles were transcribed verbatim and their answers were categorized according to the four types of coping styles (rational, avoidance, emotional and detached). An independent rater re-categorized the parental responses on 10 randomly selected responses of the parental transcribed answers to the interview questions, and 95% of consensus between the researcher and the independent rater was revealed. **Table 4** shows the frequencies and percentages of each style of coping strategy which parents use to face the problems in their lives.

In reporting parent's responses, F stands for the fathers and M for the mothers with their given numbers to keep their privacy.

Sixteen parents' responses (37%) were categorized as 'avoidance style':

[F.8] 'I will take it easy! Similar to Scarlet O'Hara's personality in the movie 'Gone with the Wind' 'I will think about it later' I say.

[M.33] 'I will cover myself in loads of daily routine and duties and keep myself engage with them. There will be no time to think about the problem! I think this is my trick jump in the river of troubles to avoid being engaged with the problem and to forget about it. I think that my method is to be cautious and patient instead of challenging the problems'.

Thirteen responses made by parents (30%) were categorized as having the 'rational style' of coping:

[M.28] 'I try to keep the problem private and to myself and do all my best to deal with it by myself, and not to expose it to the outsiders. My method is being patient and enduring. I am sure that praying won't solve my problems'.

[F.34] 'I know the patient person is the winner. I become quiet but pensive in time of trouble. I do not make any decisions or taking any actions, I just try to understand the situation think precisely and make plane my reaction. I pray for getting the power of changing those things that can be changed and to accept those things that are firm and cannot be changed'.

Eleven (26%) parents' answers were categorized under the 'emotional style' of coping, and religious answers were placed in this category as well; 7 parents (16%) mentioned religious behaviours as a method of coping with the situation:

[M.3] 'Except for over-eating nothing can calm me down'.

[M.35] 'Feeling helpless and defeated. No one can help me. I must suffer this is what my destiny wants for me'.

[M.12] 'I pray and recite Quran to calm me down'.

[F. 6] 'We must find a solution. We have to do our best and then God will help us. I know that my son will be healed. Jesus healed many severely ill people he can heal my son as well. I just need to strengthen my faith'.

Style of coping	N	%
Avoidance	16	37%
Rational	13	30%
Emotional	11	26%
Detached	3	7%

Table 4.

The frequencies and percentages of the coping styles that parents use to face their problems (N = 43).

Three (7%) parents' answers were categorized under the 'detached style' of coping strategy:

[F.40] 'I let things happen as it is not my problem. This is my motto "let the things happen the way it has to happen; we are helpless'.

[M.9] 'I reject things at the beginning and then I accept and surrender'.

4.2 Quantitative analysis

To analyse quantitative data and to test the relationships between different variables, descriptive statistics (e.g. mean, standard deviation, etc.) and inferential statistics in both parametric, correlations, regression analysis) and non-parametric (Chi-square test) measures were used. Children's descriptive statistics based on parental reports are shown in **Table 3**.

Although the functioning level and the severity profile of the children's symptoms in this study were previously determined by professionals at the admission stage in the clinics and special schools based on the different scales they use. Based on the research aims, parental understanding of the severity of ASD symptoms was considered in this study. The data showed that all the children regardless of their age level passed the cut-off score on the SCQ scale based on their parents' reports, but the proportion was less on the two other scales. ABC that emphasizes the behavioural aspects of ASD diagnosed higher rates of ASD compared to GARS that emphasizes the communication, social and developmental aspects of ASD in children. On all three scales, the children's scores varied widely which are not uncommon in ASD. It may mean that the impact on families will not be so great if the extent of their ASD is not so marked.

Five scales on general health, sources of stress, family functioning, satisfaction with the caring role and coping style were used to understand the impact of child ASD on parental general well-being. Parental scores on the scales used were also calculated and their statistical description (standard deviation, mean, maximum and minimum scores) on each scale was obtained. Parental scales' statistical information for mothers and fathers separately is presented in **Table 5**.

Table 6 shows the Pearson's product-moment (r) correlation coefficients between the parental scales used in this study.

Coping style scales and parental scores in each style of coping indicated parental tendencies to use that style as a coping approach they consider to deal with the situation. Finding of the coping style scale and considering the scales scoring system indicated that 24 parents (56%) were using the rational style of coping and only 1 parent (2%) was considered to use the detached style of coping as a way to confront the associated challenges (**Table 7**).

Statistical analysis showed that there was no statistical difference between mothers and fathers in adopting rational [$\chi^2(1) = 6.51, p = 0.12, N = 43$] and emotional coping [$\chi^2(1) = 6.32, p = 0.69, N = 43$]. But regarding parental coping style, there was a significant relationship between the age of mothers and their rational coping style. To be able to compare parents based on their age, they were divided into two young (under 40) and old groups (40 and over). Compared to the younger mothers, the older mothers showed more tendencies towards using the rational style of coping style [$\chi^2(1) = 3.90, p < 0.05, N = 27$].

Intercorrelation among parental measures and parental understanding of the severity of ASD symptoms using three standardized scales about ASD features are presented in **Table 8**. Parents' styles of coping were also correlated (see **Table 6**). Parents who used rational styles were less inclined to use emotional styles of coping. However, parents who used emotional coping tended to have poorer general health, which might be an indicator of psychiatric problems with parents who are using the

Scale	Mean	Standard deviation	Maximum score	Minimum score
General health questionnaire	12.2	8.1	28	0
<i>Mothers</i>	15	7.5	28	2
<i>Fathers</i>	8.1	7.1	23	0
Parental stress index	113.5	17.4	146	79
<i>Mothers</i>	120.3	17.6	151	91
<i>Fathers</i>	111.1	18.6	140	78
Family functioning	27.4	5.6	43	17
<i>Mothers</i>	28.2	5.6	43	19
<i>Fathers</i>	25.2	4.6	32	17
Parental Satisfaction	33.5	10.4	70	17
<i>Mothers</i>	34.4	11.4	70	17
<i>Fathers</i>	32.3	8	46	22
Coping style:				
1. Rational coping	41.8	6.8	57	29
<i>Mothers</i>	39.6	6.9	57	29
<i>Fathers</i>	45	5.6	55	32
2. Emotional coping	34.2	6.6	52	20
<i>Mothers</i>	40.9	6.5	57	25
<i>Fathers</i>	36.6	5.4	50	28

Table 5. Descriptive statistics (mean, standard deviation, maximum and minimum scores) of the parental scales (N = 43).

	Parental stress	Family functioning	Parental satisfaction	Rational coping	Emotional coping
General health	0.66**	0.009	0.31*	-0.58**	0.67**
Parental stress		0.05	0.27	-0.56**	0.53**
Family functioning			0.23	0.11	0.01
Parental satisfaction				-0.19	0.25
Rational coping					-0.66

*p < 0.05.
**p < 0.01.

Table 6. The correlations coefficients between parental measures scales.

emotional style of coping. A similar correlation is seen with adopting the emotional coping style and parental stress, whereas those parents who used rational coping styles had better health and less stress.

There was also a significant negative correlation between parental tendencies towards using a rational style of coping style and a child’s ABC score (see **Table 8**). This indicated that parents whose children with ASD showed fewer behavioural problems showed more tendencies towards using the rational style of coping style.

Coping style questionnaire	Frequencies of the responses	Percentage of the responses
• Rational coping style (total)	(26)	(60%)
Mothers	17	39.5%
Fathers	9	21%
• Emotional coping style (total)	(12)	(28%)
Mothers	10	23%
Fathers	2	5%
• Avoidant coping style (total)	(4)	(10%)
Mothers	4	10%
Fathers	0	0
• Detached coping style (total)	(1)	(2%)
Mothers	1	2%
Fathers	0	0

Table 7.
 Frequencies of the coping style scale based on the scales scoring system.

	Total ABC scores	Total SCQ score	Total GARS2 all the subscales
General health total score	0.37 [†]	0.01	-0.12
Emotional coping s	0.21	0.04	0.06
Rational coping	-0.35 [*]	-0.04	0.05
Family functioning	0.04	0.16	0.13
Parental stress	0.47 ^{**}	0.15	0.25
Parental satisfaction	-0.01	-0.22	-0.06

^{*}p < 0.05.
^{**}p < 0.01.

Table 8.
 The correlations between the parental measures and indicators of ASD in children (N = 43).

Variable	B	SE B	β	t	p
Parental stress	0.141	0.058	0.306	0.393	.002
Child's gender	-7.461	2.136	-0.403	-3.493	.027
Parents' gender	1.395	0.587	0.266	1.604	.023
Mothers' job	-1.721	0.633	0.312	-1.940	.010
Emotional coping	0.119	0.047	0.297	3.457	.015
ASD severity (ABC score)	0.219	0.101	0.587	-1.034	.005

Table 9.
 Summary of regression analysis for parent and child variables predicting parent's general health.

Based on McDonald [40], because of the application of a large number of statistical tests in the present study analyses, there is a probability of an increased level of reporting the statistical significance merely on chance. Regression analysis was used not only to reduce this problem but also to control the multivariate relationships among the data. However, this analysis should be considered as exploratory, and for



Figure 1. Variables predicting parental general well-being resulting from regression analysis.

aiding the development of hypotheses, further research might be considered because of the relatively small sample of the participants in this study.

The chosen dependent variable for this analysis was parental general health, and the possible predictor variables included child characteristics (such as their age and considering 7 as the mean and coding 7 and under 1 and 8 and a above 2, gender ‘as employed and unemployed coded 1 for employed and 2 for unemployed’). The results of the Enter model of regression showed that six variables contributed to the model as significant predictors ($R^2 = 0.864$, [N = 43], $p = 0.005$, $F = 14.79$). The result of regression analysis is shown in **Table 9**.

The above figure (**Figure 1**) displays the relationship between the predictor variables and also draws on the correlation analyses previously reported.

5. Discussion

The increasing prevalence rates for ASD globally [41] draw the attention of the researchers to impact caregivers who are mainly parents who experience unique challenges resulting in a variety of psychological outcomes which are generally classified as negative. These outcomes are issues such as elevated levels of poorer general well-being and adopting a dysfunctional coping style. The main aim of the service providers is to understand the challenges associated with caregiving to a child with ASD. However, this is not an easy task to perform. The findings of the present study showed that ASD impacts differently on parents and there is no common response among them.

ASD based on present knowledge is a life-long disorder that impacts the entire family, yet there is a dearth of studies sought to address family dynamics and parental challenges. There are correlations between factors such as behavioural challenges of the child with ASD and general parental well-being. As an example, Hastings and colleagues [8] reported that the maladaptive behavior of the child with ASD impacted on the coping styles of parents. This finding was replicated in the present study. It is also reported that the functional level of the child with ASD impacted the level of stress in mothers which is resulting in paternal stress boosting [9].

5.1 Impacts of ASD on parental coping styles based on their explanation

The parental coping style in the present study was evaluated by the CSQ questionnaire for which Iranian norms were available. It had already been used with different groups of Iranians in different studies [42, 43]. However, the findings of this study would suggest that the scale was not sufficient enough to identify Iranian parental coping style of parents who were taking care of children with ASD. There was poor Cronbach's α on two subscales (Avoidant = 0.56 and Detached = 0.42), which may indicate that CSQ does not capture the specific difficulties that Iranian parents who are caring for a child with ASD may experience and the types of style they would use.

Most of the available studies in the field of parental caregivers for children with ASD were categorized into the qualitative or quantitative methods and there is a dearth of studies using mixed methods. A mixed method enables comparisons of data collected from both a qualitative and quantitative perspective. Therefore, one of the strengths of the present study is adopting a mixed method to answer the research questions. Analysis of the interviews in the qualitative part of study showed that only 13 (30%) parental responses to a question on style that they use to cope with problems in their family were categorized under the 'rational style' of coping and a larger number ($N = 16$, 37%) were categorized under the 'avoidance style'. Based on CSQ questionnaire responses, for the rational style, the number of parents was 26 (60%), and for the avoidance style of coping, it was 4 (10%), which indicates an inconsistency between the findings of the interview and the questionnaire in this study. It indicates that parents echoed a more realistic perspective of their behavior when dealing with challenges associated with caregiving for a child with ASD. But there was a consistency between the interview and questionnaire regarding the detached style of coping style, which was the least used method among parents in this study and the emotional style was reported to be used as a method of coping for almost 1/3 of parents ($N = 11$, 26% in interview, $N = 12$, 28% in questionnaires).

It was also found that 7 parents (16%) were using the religious style. In this study, this type of coping style was put under the emotional style of parental coping although Tarakeshwar and Pargament [44] presented data to suggest that religious coping may help to reduce stress and some symptoms of the general health indicators such as depression in parents of children with ASD. But the finding of the present study showed that adopting emotional coping correlated with a higher level of stress and poorer general health conditions.

5.2 Relationship between parental coping style and other children with ASD features

There was a statistically significant negative correlation between parental rational coping style and the severity of ASD symptoms (ABC scores) in their children, which suggests that lower levels of behavioural challenges of the child will increase the probability of adopting a rational style of coping. Although mothers were the majority of the participants in the present study, the number of fathers compared to previous studies was considerable ($N = 16$, 37%). Contrary to Hastings and colleagues [8] findings on the difference between mothers and fathers of children with ASD and their coping styles, no difference was seen in the present study. Hence, in the interview, parents showed an inconsistency between coping styles of mothers and fathers in the way that they are dealing with the demands of caregiving on factors such as gender roles connected to work and child-rearing in most cultures [45]. Fathers according to Iranian culture are supposed to be strong and less emotional to be able to cope and handle different challenges for the family. Based on the

regression analysis, the second predicting parental general well-being reported to be child's gender, and in this study, parents of female children with ASD were more prone to health problems. This finding was opposite to what Hastings and Brown [46] reported on the child's gender and parental anxiety and depression in the UK in which no significant relationship reported between parental general well-beings and their own and child gender. The difference here may root from Iranian cultural beliefs, which indicate that compared to boys, girls are more fragile and need more protection and help. Any type of disability may, therefore, increase the need for caring and supervision of the girls and place extra pressure on parents. Sabih and Sajid [47] reported similar findings in their study of Pakistani parents.

The difference between the mother's age and the adopted coping style was interesting. It was found that older mothers in the present study used a more rational style of coping strategy compared to younger mothers. This might indicate that mothers were able to use more problem-focused and rational styles of coping through the passing of time and the probable experiences or training they might have gained on dealing with their child with ASD. Hastings and colleagues [8] believe that factors like smaller social support networks affect the development of coping efforts in parents of children with ASD. There appears to be that parents of children with ASD use a variety of coping styles and there is no particular common coping strategy style among caregivers of children with ASD [48] regardless of the common features and core symptoms of this diagnosis. Although there is a difference between parents of children with and without ASD regarding the coping style they use [8] within families because family circumstances are heterogeneous.

5.3 Relationship between parental coping style and other parental qualification related to their general well beings

The present study found a statistically significant positive correlation between parental emotional style of coping style and their impaired general health, and between emotional coping style and higher levels of parental stress. Hastings and colleagues [8] also found that an emotional-focused coping style was an unhelpful approach to cope with demands associated with taking care of a child with ASD. In their study on a sample consisting of 74 mothers and 61 fathers of preschool and school-age children with ASD, they found that the religious style of coping was related to more mental health problems in mothers and fathers of children with ASD. In the present study, those parents who used a rational style of coping style showed statistically significant negative correlations with parental general health and an increased level of stress. This indicates that parents who used a rational style of coping style were more satisfied with their health and they also showed lower levels of parental stress.

Parents may adopt unproven theories of false beliefs regarding the causes of ASD [49]. Although these beliefs and search could be considered as a necessary part of the coping style process [50], but when these supposed treatments prove inadequate or if parents receive conflicting advice, this could increase parental stress, with impact on their health, family functioning and their satisfaction with the caring role and it may force them to use less rational styles of coping with the situation. The parental coping style was correlated. Parents adopting rational styles were less inclined to adopt emotional styles of coping.

Finally, parents adopting emotional coping reported poorer health and more stress, whereas those who used rational coping had more improved general well-being. An available wealth of data in the field of impacts of caregiving on parents generally echoes the ideas and coping styles of over 30 Caucasian female caregivers [51]; therefore, another positive point of the present study is that ideas of this group

are rarely being heard from a society with limited resources and support. Hence, there are some shortcomings with the present study, and the presented findings should be considered in the shade of these limitations. Firstly, the data reflected the ideas and approaches of urban parents who are better educated. Secondly, parents in this study are volunteers who agreed to participate in this study and the presented finding does not necessarily echo the ideas of all Iranian parents. Thirdly, Iran is a diverse society consisting of different ethnic and socioeconomic classes and the presented finding might not cover the ideas of all these groups. The findings of the present study might serve as a preliminary insight into the coping style adopted by Iranian parents to deal with challenges associated with ASD diagnosis for their child. It should be pointed out that the interpretation of the interview transcriptions and notes from the interviews were not checked with parents to receive their approval and to ensure the validation of the judgments.

6. Conclusion

ASD had multiple impacts on Iranian parents. In the sample of Iranian parents in this study, a majority of them experienced a considerable amount of problems with their general well-being. They also used less effective coping styles to face the associated demand of caregiving for a child with ASD.

These impacts were similar to the reported finding on caregiving challenges and parental coping style in other countries, but there were some differences regarding parental age and gender of the child and also the adopted coping style that might be explained in the light of Iranian culture or the limitations of available support and services from both formal and informal aspects.

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Conflict of interest

The author declares no conflict of interest.

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Digital Parenting: Raising and Protecting Children in Media World

Loredana Benedetto and Massimo Ingrassia

Abstract

Digital media have quickly changed ways in which parents and children communicate, enjoy themselves, acquire information, and solve problems daily (both in ordinary and exceptional circumstances such as COVID-19 home confinement). Very young children are regular users of smartphones and tablet, so their early digital engagement poses new challenges to parent-child relationships and parental role. First, the chapter introduces the “digital parenting” construct, moving through the literature from “traditional” parenting styles to more recent studies on “parental mediation,” that is, the different behaviors parents adopt to regulate children’s engagement with the Internet and digital media. Second, the chapter reviews empirical researches on different parental mediation practices (active or restrictive behaviors) and how they are adjusted according to the child’s characteristics (age, digital competences, etc.) or parent’s media competence and beliefs. Finally, from a bidirectional perspective of parent-child relationships, the chapter discusses the role of youths’ social involvement, communication, self-disclosure, and digital skills on parent’s beliefs and practices. Implications for parent education and prevention of risks for early and excessive exposure to digital technologies are discussed.

Keywords: digital technologies, parental practices, parental beliefs, children’s digital literacy

1. Introduction

Children’s experiences with digital technologies actually involve an increasing quote of young users (also defined as “digital natives”) who are born and are developing in environments in which new digital technologies are widely available [1]. This currently occurs from early infancy, due to the rapid diffusion of touchscreen devices among younger children (or “touch generation”; [2, 3]). Children aged 2–4 years actually are able to use touchscreen devices, such as tablets or smartphones, to play or watch movies, and often parents themselves introduce kids to use them in boring social situations (i.e., in the pediatrician’s waiting rooms or in the restaurant; [4]). On the basis of the most recent report on worldwide diffusion of the Internet among young people [1], one in three users is estimated to be a child or teenager (under 18). Generally children use digital technologies in their home, particularly younger children, with intense and prolonged activities especially on

weekends. Children often use their digital technologies at school at least a day a week (almost 30% among 9–11 years), although it is prohibited in many countries by school regulations. The access to digital technologies is expanding among young generations, even if many inequalities of resources remain between developed or developing countries [1]: for example, it has been estimated that in Africa (Ghana) children mainly use 0.9 mobile devices to connect to the Internet, against 2.9 in South America (Chile) or 2.6 in Europe (Italy). Similarly, only 12% of children in Africa (Ghana), 21% in the Philippines, and 26% in Albania can connect to the Internet at school, against 63–54% of children in other South America or European countries, such as Argentina, Uruguay, or Bulgaria. This reality raises several questions on how to guarantee the young generations the opportunities offered by new technologies (for studying, enhancing skills, socializing, etc.), protecting them from potential dangers of digitalized world (i.e., contacts with unknown people, exposure to violent/pornographic contents, etc.). In fact, although children grow in a reality permeated by new media, they are not automatically “digitally literate,” that is, able to juggle the digital world and to reflect on it. Studies show that not only young users, but also teenager users “have difficulties in finding, managing and evaluating information, managing their privacy online and ensuring their online personal safety [...] and may thus vary in their digital skills” ([5], p. 186).

Together with their children, parents themselves are largely exposed to media experiences in many fields of their life. Digital technologies have quickly changed the way in which family members communicate, enjoy themselves, acquire information, and solve daily problems. Parents are also the first mediators of children’s experiences with digital tools: they have the task of integrating their use into ordinary routines (play, entertainment, learning, mealtime, etc.), promoting constructive and safety uses. *Digital parenting* describes parental efforts and practices for comprehending, supporting, and regulating children’s activities in digital environments. A growing research on digital parenting identified the main approaches that can allow parents to “mediate” children’s activities with digital technologies [6–8]. According to Vygotsky’s theory of child development and his concept of *proximal development zone* [9], parental mediation can be considered a key aspect in facilitating the interactions between children and new media. The proximal development zone is an intermediate area between what the child is able to do alone and what he/she can learn thanks to the guidance of others. In the course of a shared activity, the support and the help are adapted so that the child can improve his/her skills and gradually assume responsibility for acting alone. However, the activities that take place in the *virtual environments* of the web, unlike the experiences in the *real* environments, can reverse the relationship between the competent person (the adult) and the learner (the child). Today’s children have an early, almost “intuitive” approach to digital technologies, so in some cases they can become active agents towards their parents. When children’s knowledge and digital competence (e.g., functions/benefits of a new app) overcome that of parents, many shared experiences can be child-initiated, and children can also perform some forms of support and digital teaching to parents. This *reverse socialization* [10] seems to be a peculiar feature of digital experiences, and it poses new challenges to parental role. Reverse socialization describes all situations where children possess a better understanding or more advanced skills than adults. This gap between generations is more marked in low-income families or low-educated parents who possess limited resources and access to digital technologies [11]. However, over the past years, many parents have developed adequate knowledge and technical skills to share digital experiences with their children [3, 12]; they appreciate benefits of the web and strive to comprehend its complexity.

A common difficulty that parents actually encounter derives from the diffusion of “portable” devices (smartphone and tablet) that children start to use in early infancy (under the age of 2; [13]). Later, due to unlimited Wi-Fi access and enhanced connectivity, children insert activities with mobile devices into many daily routines, for example, during mealtime, school homework, conversations with parents, or before sleeping [14]. Particularly, parents worry about the “pervasiveness” (or ubiquitous) of mobile technologies in daily activities [15], and they fear that an effective guidance and control over them may decrease. Studies with large samples of young digital users (9–16 years old) in many European countries have compared parents’ opinions before (2010 *Eu Kids Online Survey*; [12]) and after (*Net Children Go Mobile*; [3]) the diffusion of mobile devices. After 4 years, many parents declare that they know less about their children’s online activities and have more difficulties to closely monitor children’s usage (e.g., time spent connected). Interestingly, parents now are more aware of the risks of using the web [16], and they prefer to talk to children about Internet security (e.g., do not leave personal data online or block unknown people) rather than limiting or prohibiting Internet use [17]. Parents can encourage or limit the use of digital technologies to children according to the opportunities or danger they attribute to them. Since parents themselves are regular, sometimes enthusiastic, users of digital media, their digital skills and confidence and daily frequency of usage (or overuse; [18]), together with beliefs about digital world [3], are all crucial factors that researchers have begun to explore systematically.

2. Parental beliefs

Each parent has beliefs, that is, convictions and personal opinions, regarding the usage of media by children, such as their usefulness or damage, or the age at which children should use them. Beliefs are the cognitive dimension of attitudes, guiding individual’s behavior and choices. When parents raise their children, they act and make choices for them following their own perceptions of what is desirable or what they positively value for their child’s development [19]. Although parents are not always aware of their beliefs, these influence parent-child interaction and the child’s opportunity to learn, do experiences [20], and develop digital skills [5]. Parental beliefs are important aspects of parenting and family microsystem, together with factors such as parent’s history and education, socioeconomic status, and culture.

Parents possess personal ideas about modern technologies: they can be considered a source of entertainment/relaxation or a learning tool [21, 22]; conversely, for other people, PC, tablet, and smartphone can be harmful to children’s health (such as sleep problems, obesity, etc.; [23]), for social risks (such as contacts with unfamiliar or social isolation; [24]), or because they interfere with parent-child activities and time spent together [25].

A qualitative study [26] shows that parents have more pessimistic (70.55%) than optimistic opinions (29.45%) on the Internet use by primary school children: for example, parents worry about the excessive time spent online, the interference in face-to-face conversation, or that children lack of skills and maturity in dealing with some contents suitable for older children (such as violence, sex, or drug-related contents). Other worries concern negative consequences on learning and academic performance (i.e., reduced attention span), physical development (i.e., prolonged sedentary activities), social skills and peer interactions (i.e., fewer opportunities to “learn to play together”), and child’s well-being (i.e., using smartphone to overcome boredom). Interestingly, many parents fear losing control over their children’s online

behaviors. Conversely, the positive beliefs concern positive effects of digital technologies on child's entertainment, communication and learning, access to information, and enhancing of child's skills (such as brain functioning, self-regulation, autonomy, critical attitude, etc.).

Other researchers [27] explored parent's perceptions about positive (i.e., they are shared by generations) or negative impact (i.e., they expose family privacy to risks) of social media—such as Facebook or WhatsApp—on family open communication. Teenagers are intensely involved in social media use, but adults also are regular users. On the one hand, parents use social networks to communicate; on the other hand, they fear that they negatively impact family relationships, for example, through the phubbing phenomenon (i.e., ignoring someone or interrupting a conversation or mealtime to check the smartphone). Authors found that parents' perceptions are a mediational variable between the collective family efficacy (i.e., the perceived efficacy to manage family relationships, to support each other, etc.) and the openness of communication: “it is not only the actual impact of social media on family systems that matters but also parents' perceptions about it and how much they feel able to manage their children's social media use without damaging their family relationships” (p. 1).

Parental beliefs may influence the degree to which parents give opportunities or restrict their children's media use, but beliefs should not be considered the “cause” of behavior towards children. Researches show that parents' positive beliefs (e.g., “the tablet improves reading skills”) are associated with favorable attitudes, co-using approach, communication, or suggestions to enhance their child's appropriate use of the Internet [28]. For example, when parents think that smartphones are useful tools (i.e., they promote child's intelligence and knowledge), they more often allow their preschool children to use them (i.e., at the restaurant), and children become regular users, spending more time (at least 2 h a day) with smartphone activities [29]. Conversely, parents who attribute negative effects to digital media tend to limit activities to children (i.e., put time limits or react for smartphone overuse); in turn, these restrictive behaviors can influence how much the children use these devices [28]. Therefore, the influences of parental beliefs on child's behaviors are not directed, but they are mediated by parental practices and other factors such as parental education or involvement with mobile device (“attachment”; see, e.g., [30]) that can intervene.

3. Parental media competence and self-efficacy

Parental beliefs include also self-efficacy [31, 32], that is, parent's sense of competence in their own digital skills and in managing their children's technology usage. An example of parental self-referent estimation of competence is “I won't bother setting parental controls or passwords because my kids will “hack” around them” (cfr. [33]). In many studies, parental self-efficacy is positively associated with active parental practices: when parents feel confident about their Internet skills, they more often are involved in or monitor their children's media activities [6]. Recently Shin [34] distinguishes general self-efficacy (the confidence to be a good parent; [35]) from two self-efficacy domains assessing parental beliefs more strictly related to digital tasks: parental “media competency” in using media technology (such as sending/receiving email with a smartphone) and “perceived control over mediation strategies” (the degree to which the parent feels to be able to guide or modify their children's behaviors on smartphone). All these domains of parenting self-efficacy are associated with each other [34], suggesting that perceived competence on their own digital skills can positively influence parents' involvement with children (e.g., discussing about smartphone use).

Sanders et al. [33] found that when parents are confident to have adequate digital skills, they more often intervene (i.e., with rules and reinforcement strategies) with their children. Parental self-efficacy also influences parental opinions about technologies and how they talk about them with children [33]. Moreover, parental perception of influence in managing technologies decreased with preadolescents that generally are seen as more self-regulated and reluctant to the parental control than younger children. These findings suggest the importance to recognize the influence of child characteristics (such as age, technology usage, perceived competence, etc.) on digital parenting.

4. Parenting approaches in children's digital engagement

4.1 Parenting style

Initially studies on parental engagement in children's activities with media assumed as theoretical basis the traditional parenting styles [36, 37]. According to Darling and Steinberg [38], parenting styles are defined as the context (or *emotive climate*) in which parents raise and socialize their children, and they are distinct from *practices*, that is, the distinct actions contingent to the child's behavior (e.g., scolding when the child uses the smartphone during mealtime). As it is well known, two main dimensions of the parent's behaviors, and their natural variations along a continuum, describe the styles: responsiveness/warmth (involvement, acceptance, and affect that the parent expresses towards the child's needs) and demandingness/control (rules, control, and maturity expectations for the child's socialization). Parenting styles derive from the combination of these variable dimensions: authoritative parenting (high warmth and high control, e.g., parents listen to the child's wishes, but they put clear limits to the child's behaviors); laissez-faire parenting (low warmth and low control; the parents are detached from the needs expressed by the child; they did not give rules or limits to child's behavior); authoritarian parenting (low warmth and high control; parents expect the child to obey; they neither discuss nor listen to the child's opinions and can react with harsh discipline); and permissive parenting (high warmth and low control; parents are very affectionate, but they lack in guidance through rules and give few limits to the child's behavior).

Studies that applied these "classic" parenting styles to children's behaviors with new communication media did not provide convincing results [39]. As an alternative to the "broad" parenting styles, a description of specific *media-related practices* is more useful in empirical studies for exploring the link between parental behaviors and child outcomes (e.g., time spent online). Therefore, researchers strove to identify the key dimensions of parental warmth/control more strictly referred to children's behaviors on the Internet or new media (**Table 1**). These Internet parenting styles are more strictly linked to children's actual use of digital technologies, for example, low parental control predicted more time of Internet usage by school-aged children [8].

Parenting style dimensions seem influenced by parents' individual characteristics such as gender, instruction, beliefs, or prior experiences with digital technologies. For example, in Valcke et al. [8] study, mothers are more controlling but also warmer than fathers, both dimensions associated with an authoritative style. In other studies, younger fathers and those who use the Internet more frequently with their teenagers are higher in control [40]. Parental instruction and experiences with digital technologies are other important variables: higher educated parents are more involved and high in control, probably because higher instructional levels also correspond to greater parents' competence with the Internet [8].

Style dimensions	Item (examples)
Parental control	Supervision: "I'm around when my child surfs on the Internet"
	Stopping internet usage: "I stop my child when he/she visits a less suitable website"
	Internet usage rules: "I limit the time my child is allowed in the Internet (e.g., only 1 h a day)"
Parental warmth	Communication: "I talk with my child about the dangers related to the Internet (costs, addiction to games, computer viruses, privacy violation, etc.)"
	Support: "I show my child "child friendly" websites (library, songs, crafts, school website, etc.)"

Table 1.
Dimensions of the internet parenting style (adapted from [8], p. 89).

The first studies explored parenting styles related to Internet usage *at home*, but more recently other authors explored the influence of digital parenting styles on children's usage of *mobile devices* (tablet and smartphone). Konok et al. [30] found that children (3–7 years old) who use the devices for more time every day have parents who are more permissive (e.g., they talk with children about applications on devices, but have low levels of demandingness), more authoritative (e.g., they give time limits, but they do not block the use because they expect the child to regulate himself), and less authoritarian (i.e., the parent restricts and prohibits mobile use). Interestingly, these parenting styles are also associated with parental beliefs about positive/negative consequences of early media usage: parents who have higher permissive or authoritative digital style declared more beneficial (i.e., skill improvement, entertainment, and early learning of digital skills) than negative effects (i.e., reduced time for other activities, developmental problems, and danger/addiction) for children's mobile usage.

Digital parenting styles change also according to children's characteristics, such as age [41], self-esteem [42], emotion regulation [43], or behavioral problems [44] that can intervene, mediating the link between parenting and children's actual behavior with digital technologies. Particularly, styles vary and accommodate with children's age: authoritative parents during infancy become more permissive with older children [41]. Overall, these findings reappraise the idea that there is a linear, cause-effect relationship between parenting and child outcomes on digital behaviors, but bidirectional and transactional parent-child influences [45] should be considered.

4.2 Parental mediation

Alternatively to digital parenting styles, many researchers adopted parental mediation as perspective for exploring parental influences on children's digital behaviors. Parental mediation refers to "the diverse practices through which parents try to manage and regulate their children's experiences with the media" ([7], p. 7). Parental mediation strategies were initially introduced in empirical studies as a potential factor influencing children's use of television [46] and videogames [47]. These studies, exploring how parents can effectively reduce excessive exposure or enhance children's self-regulated behaviors, inspired the following researches on digital technologies. Actually in literature two broad mediation approaches are distinct: *enabling* (or *instructive*) mediation and *restrictive* mediation [16]. These strategies are only partially similar to those parents who adopt "traditional" media: for example, co-viewing is a mediation strategy generally applied to television

use [48], but it is difficult to apply it to portable media (particularly, smartphone and tablet) that children often use alone or outside the home environment. As a consequence, parents can feel worried because they cannot effectively control their children's media use and involvement in digital life [11, 49].

The (a) *enabling mediation* is also defined as “active” or “instructive mediation” in that parents engage different activities with the aim to enhance their child's appropriate use of the digital technologies: for example, they explain to him/her how to use a media device, talk about the contents of new app/websites, or play a videogame together (*co-use* mediation). Nevertheless, in many empirical studies, (b) *co-use* (or co-viewing mediation) does not imply parent-child conversations, but the parent is present when the child displays the activity with the media without discussing the content [13]. The (c) *restrictive mediation* is characterized by a strict attention to rules and control to the child's digital activities: for example, parents decide when the child can have his/her tablet, pose time restrictions, or react when the child uses the smartphone too long. The (d) *technical restriction* is a particular kind of restrictive approach adopting software applications or other technical tools to control the child's activities (e.g., installing filters on PC for children's safety). Nevertheless, parents rarely use them and declare they prefer child-directed strategies, such as giving explanations or sharing the device [6].

Active mediation is the most frequent approach adopted in European families with 9–16 years old children, whereas restrictive mediation strategies are more common with younger children [16]. Interestingly, when children are interviewed about the mediation approach adopted in the family, they agree with their parents' responses [12].

All mediation strategies are linked with changes in children's digital behaviors, for example, less time exposure with online activities [12], or reduction of negative outcomes (i.e., aggressive behaviors, overuse, etc.; see [50]), but their efficacy is relative and it changes as a function of the child's development (i.e., age and digital skills) and his/her actual activity with media. Active mediation is linked with positive outcomes (such as social and cognitive skills), particularly with younger children (0–3 ages): for example, during video/movie watching, parents stimulate attention, comment, or pose questions to children, giving them occasions for language exposure and cognitive and digital learning [51]. Nevertheless, we cannot link children's outcomes uniquely to a distinct mediation strategy, since parent-child interactions are complex and many contextual or individual factors can intervene. Parents often use a combination of mediation strategies, and they change the mediation approach according to the activity the child is doing (e.g., using the tablet for school homework or for visiting Facebook; [11]).

Other authors explored the influence of family sociocultural factors. For mediation to be effective to guide children's experiences in the web, parents need to have themselves knowledge and skills of the new digital media (see Section 4 in this chapter). Particularly in conditions of sociocultural disadvantage, parents may lack basic digital skills [52], or they may not be able to explain to children how digital reality works and rapidly changes [53]. Unlike the traditional media (such as television or video game console), parents can give a difficult task to assure a help or guide children with the ever-changing technologies. Recently, Nikken and Oprea [11] found that mostly low-educated, low-income, and single parents are likely to experience low competence and greater insecurity with new devices (such as electronic screen), declaring that it is difficult to apply co-use or active mediation strategies with their young children (1–9 ages). In addition, Warren and Aloia [49] found that when parents perceive high stress levels, the restrictive mediation and the discussions with children about contents and the use of media increase.

Parental mediation strategies may change according to their child's age and his/her digital skills, but longitudinal studies are scarce in literature. Developmental changes have been observed from childhood to adolescence: active mediation strategies more often are adopted with younger children, whereas restrictive mediation fades with older and adolescents [17]. Parents generally expect greater autonomy and self-regulation skills from adolescents, and the influence of some parental strategies decrease over time: for example, the efficacy of restrictive strategies (i.e., rules for time or negative consequences for overuse) in reducing screen time decreases with older children [33]. From a developmental perspective, particularly the effects of restrictive approach are unclear. Some studies evidence that restrictive strategies (such as limiting access to media) are effective with younger children [6], but not with older kids. Adolescents can perceive parental control/limitations as a violation of their needs (i.e., self-determination, privacy, peer relationships, etc.) and react with increased online activities [54].

After all, parents wish their children can develop self-regulation, critical view, and awareness of opportunities or risks of digital technologies. In many studies, parental active mediation—for example, discussing with children issues such as cyberbullying, sexting, and online frauds—is more effective than restrictive mediation in reducing risks [16, 55]. Conversely, the efficacy of restrictive mediation must be considered relatively, since in literature both positive and negative associations with online risks emerge [56]. Mascheroni et al. [57] comment, “While restrictive mediation can be effective in reducing children's exposure to online risks, it has numerous side-effects, because it limits children's opportunities to develop digital literacy and build resilience and discourages children's agency within the child-parent relationship. Enabling mediation, instead, encompasses a set of mediation practices (including co-use, active mediation of internet safety, monitoring and technical restrictions such as parental controls) that are aimed at empowering children and supporting their active engagement with online media. The question is, then, how to ensure children's access to online opportunities while protecting them from potential harmful effects.”

Interestingly, parents adopt their approach according to their child's competence in digital technology use (*digital literacy*). In line with a bidirectional model of parent-child influences [45], not only parenting influences child's behaviors, but also the child's actual behavior or perceived digital competence influences parental behaviors. Generally, restrictive mediation strategies are more often adopted with less digitally skilled children, but this approach could be counterproductive: limiting online activities for protecting the child from risks, in turn, can deprive him/her to opportunities for developing adequate digital skills [5]. Conversely, parents more often use active mediation strategies (e.g., they share experiences or talk about media) with skilled children than with children who have scarce competencies [58].

5. Parental worries about children's online activities

The predominance of online activities in the life of many children often worries parents, who observe that spending much time online removes children from face-to-face relationships and social activities. Empirical studies confirm the negative effects of Internet unsuitable use on social participation, since high levels of online activities are associated with few friends, reduced offline relationships [59], and increased loneliness [60]. Particularly loneliness, that is, social isolation and lack of intimacy with close friends, was found to be strongly associated with Internet excessive use [61]. However, causal relationship between Internet excessive use and loneliness is still under investigation [62], in an attempt to understand if loneliness

can be the antecedent or the consequence of the individual's excessive involvement with Internet activities. Two alternative hypotheses have been proposed to explain the link between poor social involvement, feeling lonely, and the development of problematic Internet use in children. According to the first hypothesis, loneliness is one of the main antecedents of excessive online activities, together with low self-esteem, poor social skills, social anxiety, and frequent conflict with parents. Some authors (e.g., [63]) hypothesized that adolescents who feel lonely or experience high anxiety in face-to-face social situations may use social networks and online exchanges more frequently than non-lonely adolescents. According to this "compensation hypothesis," they are increasingly involved in Internet activities that provide alternative experiences for social life. The second hypothesis assumes that time spent online causes loneliness and social withdrawal, isolating and depriving people of real social experiences. Therefore, loneliness can be considered as a possible outcome of Internet overuse [64], like when prolonged activities online reduce time spent with family and friends. Finally, there are studies that did not confirm the link between loneliness and Internet problematic use [65] or that evidence some positive consequences on individual socioemotional well-being. For example, contradicting the assumption that using the web impoverishes social life and increases isolation, in some studies higher levels of Internet activities are positively associated with social connection and perceived support. Unfortunately studies with children and adolescents are still lacking, but the attention among researchers is growing [60, 66].

Given the paucity of research with adolescents, we conducted an unpublished study¹ to explore the relationships among excessive Internet use, preferred online activities, and adolescent's perceived loneliness. In addition, we hypothesized that among adolescents better parent-child communication and higher parental emotional availability were positively related with less time spent online and less frequent online activities. In fact, studies indicate that parent-child communication and parental involvement play a protective role to excessive online activities [67]. A community sample of 177 high school students (66% females), aged 16–22 years old ($M = 18$, $DS = 1.01$), completed a questionnaire measuring the sense of loneliness (UCLA Loneliness Scale; [68]) and the Compulsive Internet Use² Scale (CIUS, [69]) for assessing problematic involvement in Internet activities. Daily frequency of favorite online activities (chatting, e-mailing, visiting social networking sites, listening to music, watching videos, playing online games, etc.) was also measured. Regarding parenting factors, adolescents filled out (a) the Lum Emotional Availability of Parents questionnaire (LEAP; [71]) assessing adolescent's perception of parental responsiveness, sensitivity, and emotional involvement and (b) two scales (derived from [70]) measuring the frequency of communication (how often the adolescent communicates with parents about his/her online activities) and the quality of parent-child communication (the adolescent feels understood, or comforted, or taken seriously from parents when he/she talks about Internet activities). In our study loneliness was not associated with Internet compulsive use

¹ The data of this research were collected by Gabriella Famà for her degree thesis in Psychology (2013–2014): *Internet in adolescenza: benessere o solitudine? Il ruolo della disponibilità emotive e del monitoring genitoriale [Internet in adolescence: well-being or loneliness? The role of emotional availability and parental monitoring]*. University of Messina (Italy).

² According to accepted criteria, compulsive internet use (CIU) is defined by the following characteristics [69]: "(1) continuation of internet use despite the intention or desire to stop or cut down; (2) experiencing unpleasant emotions when internet use is impossible; (3) using the internet to escape from negative feelings; (4) internet use dominating one's cognitions and behaviors; and (5) internet use resulting in conflict with others or in self-conflict" (see [70], p. 78).

(CIUS scores), but with *specific* online activities. Adolescents with higher loneliness levels reported higher frequency of music listening, but they declared less access to social networks (such as Facebook). This result contradicts the hypothesis of *social compensation* assuming that the teenagers use online exchanges to replace the sense of loneliness in real life [61]. An alternative explanation, proposed by others [72] is that a process downward with a “spiral pattern” is activated: loneliness leads to a decrease in social involvement which in turn increases the sense of isolation. Interestingly, those who spent more time online and were problematic users (higher CIUS scores) were more frequently involved in solitary activities, such as watching videos, listening to music, playing games offline, and visiting social networking sites. Perceived emotional availability from the father (but not from the mother) was negatively related with time that adolescents spent online. Teenagers who perceived greater emotional availability from both parents used the Internet more often for working on school projects and homework or doing search. A better quality of communication with parents is associated with less use of the Internet for gambling and online games. Overall these results confirm a virtuous relationship between quality of family communication, emotional availability of parents, and productive use of the web.

6. Family communication and parental consistency for preventing risks

An interesting evidence emerging from empirical literature is the protective role of parent-child communication for preventing Internet unsuitable use in children [73]. Conversely, Internet excessive use is associated with low quality of communication in the family [74]. Particularly with teenagers, the open and effective parent-child communication is a key dimension of family relationships and climate. Assuming a bidirectional perspective of adolescent-child influences, some authors focus on the role of youths’ self-disclosure and spontaneous communication on parenting. Stattin and Kerr [75] claim that parental efforts to monitor adolescent’s activities or to discuss about them are ineffective if teenagers do not trust their parents and if they are not willing to open up spontaneously. Parental monitoring on children’s activities can be less effective when it is *parent-driven* (e.g., the parent tries to follow the child’s activities on Facebook) than when it is *child-driven*, that is, activated by children’s *self-disclosure* and open communication. Conversely, when parents try to control teenagers’ online communication (e.g., the friends on Facebook, the photos posted on Instagram, etc.), parent-child conflicts increase, and adolescents can perceive parental behaviors as an obstacle to their autonomy or an intrusion to privacy [76].

Van den Eijnden et al. [70] identify two key dimensions of parent-child communication about children’s digital behaviors. The first parenting practice refers to the *frequency of communication* about Internet usage (e.g., “How often do you and your parents talk about who you have Internet contact with?”), whereas the *quality of communication* about Internet use measures adolescent’s perception of mutual respect and acceptance during conversation (“When my parents and I talk about my Internet use, I feel taken seriously”). Authors explore how these parental behaviors, together with other Internet-specific parental practices (rules about time online, rules about contents, reactions to excessive use), link to compulsive Internet use (CIU) in adolescents. Findings from their longitudinal study are particularly interesting, showing a protective effect of the quality of communication, but *not* of frequency of communication, on the risk of developing CIU. In other words, a good quality of parent-child communication about the use of Internet decreased the risk of CIU (6 months later), whereas this relationship was not observed for the frequency of parent-child exchanges about adolescent’s online activities. Authors

discuss these findings by highlighting the *bidirectional* nature of parent-child influences. When adolescents show compulsive Internet behaviors, the frequency of parent-child communication decreases. Probably gradually parents get discouraged and give up the idea of achieving a positive change in their child's problematic behaviors through frequent conversations.

Regarding the parental rules about online activities, studies evidence some mixed results. When parents give their children rules about the content of the Internet, the compulsive use of web decreases; conversely, strict rules about time allowed for online activities seem to be counterproductive, linking to compulsive Internet behaviors in children [70]. Moreover, considering the child's influences on parent's behaviors, it is possible that when the child remains connected online without time limits, her/his behavior in turn stimulates stricter rules by parents. Other studies evidence that parental rules about Internet use are less influential on their children's behaviors than their parents' behaviors. Liu et al. [77] found that when parental behaviors are *consistent* with parental rules regarding digital technologies and the Internet (e.g., the smartphone must not be used during mealtime, personal data cannot be given online, etc.), the rules negatively predict Internet problematic use in adolescents. This result reminds us the importance of educational consistency (i.e., rule-behavior agreement) from parents. Conversely, when parental rules and parental behaviors do not agree, *only* the parents' behaviors are positively predictive of children's excessive Internet use. According to social learning theory [78], a parental modeling process intervenes, that is, an observational learning in which the parent's behavior acts as antecedent for similar behavior in the child. Therefore, parents act as a role model for their children's digital behaviors, and young children learn how and under what circumstances to use a mobile, for example, the smartphone, observing parents' activities with that device. Interestingly, studies show that the time parents spend with computers positively relates with time spent by their children [79]. Similarly, parental involvement in favorite Internet activities (visiting social networking sites, video streaming, etc.) is positively associated with the same activities engaged by children. In addition, as some researchers remind us "it is not only overt parental behavior (i.e., digital device use) but also attitudes and emotions that can be modelled for children to imitate" ([30], p. 4). Taken together, these findings suggest that parents' agreement and modeling of adequate behaviors are crucial factors for promoting self-regulation and safety use of digital technologies in young children.

7. Conclusions

Today's reality is widely digitized, and it offers people of all ages opportunities for socialization, amusement, learning, job, and knowledge that were unthinkable until a few decades ago. Precisely in the weeks in which the authors were engaged in the revision of this chapter, COVID-19 pandemic was involving more than 130 countries in the world. The lockdown and restrictions at home quickly changed daily activities of children and parents, transferring to the screen of the devices many activities previously carried outdoor (school lessons, play with peers, etc.). It is still too early to know what impact the epidemic will have on children's physical and mental health, but the attention of professionals and researchers is not lacking [80]. Surely during COVID-19 screen time has increased exponentially in the families: in some ways for the parents it was a relief, because through the Internet children continued their school courses and contact with peers. In addition, children avoided boredom through videogames or website dedicated to music, creativity, etc. On the other hand, the intensive online activities have renewed parents' concerns about

the well-known risks [23, 81], such as increased sedentary and physical inactivity, prolonged use at night, sleep disorders, isolation, and escape in digital world by teenagers.

Following social distancing and the temporary closure of schools for limiting COVID-19 infection, the Ministries of Education in many developed countries quickly activated online courses and other websites for distance learning. These online solutions have the aim to guarantee children's right of instruction but also to mitigate the negative effects of home confinement [82]. However, online courses shift the teaching from school to home and make the parents a resource for support and effective learning. The question is: what can be the role of parental mediation and digital competence? As the authors know, there are no empirical studies on this topic, but previous studies with primary school children showed negative associations between parental control, interference in homework, and children's learning [83]. Currently, in many cases teachers expect parents to ensure that their children connect on time and follow the video lessons, so parental support could be useful, but tensions and parent-child conflicts can also occur. There is also the risk that parents may help children, interfering with digital learning or impeding them from carrying out the assigned activities independently. Close attention and research effort are needed for comprehending how this aspect of digital parenting works, supporting parents in their efforts and ensuring a good home learning to children.

In line with the available studies before COVID-19 [4], we believe that during lockdown the digital activities satisfy children's basic psychological needs, such as socialization and emotional support by the family (grandparents and cousins) and other significant people (teachers and peers). Social media facilitate the expression of emotions (such as fear and sadness), self-disclosure, and the keeping of romantic relationships by adolescents particularly [84]. Video calling and regular contacts through smartphone have been recommended as an important source of reassurance in the cases of isolation of the caregiver or family due to prevention of COVID-19 infection or recovery [85].

What probably becomes necessary in the time of COVID-19 is a renegotiation of family routines, that is, a balance between screen time and other moments of family life. In this regard, the WHO [85] recommends that parents maintain regular routines for children (school/learning, free time/relaxing, bedtime, etc.) and also to create new opportunities for joint activities (such as co-use for creative, amusing, or physical activity in front of the screen). With young children, many shared activities offer also a context to express and communicate their feelings (both fears and wishes) in a supportive parental relationship. Even in actual COVID-19 circumstances, we believe that parental behaviors (such as self-limiting screen time for smart working, chatting, or gaming) are more influential than restrictive mediation or limitations imposed to children.

Having the digital knowledge and the skills to move in the digital world, without suffering the dangers, is not a matter of age, but of education and learning, that is, *digital literacy*. It is a serious responsibility towards the new generations and a complex challenge for which the adults (parents, teachers, psychologists, or educators) do not feel prepared. As Martin ([86], p. 135) reminds us: "Digital literacy is the awareness, attitude and ability of individuals to appropriately use digital tools and facilities to identify, access, manage, integrate, evaluate, analyze and synthesize digital resources, construct new knowledge, create media expressions, and communicate with others, in the context of specific life situations, in order to enable constructive social action; and to reflect upon this process." Currently, parents' difficulties stem from the fact that they—as digital users—have different levels of involvement, technical skills, and beliefs that influence mediation practices towards their children. If parents feel less skilled or worry about unknown dangers of the

web, they could activate more restrictive practices, but rarely they will be able to critically discuss with their children in a constructive manner. In addition, parents believe not to be up to their children in juggling in the digital world, in pursuing technological innovations, or in protecting children from danger or media abuse. Sometimes parents consult the websites for suggestions on how to effectively manage kids in their digital activities, but information disseminated through the websites is not always scientifically founded (*fake news*). The researcher Danah Boyd [87], in describing the complexity (“It’s complicated”) of teenagers’ life on the web, claims that the media magnify the virtues (the “superpowers”) of digital natives, but at the same time they trigger parental fears talking about serious dangers such as Internet addiction, sexual enticement, or incitement to suicide. Conversely, rarely parents turn to professionals for advice. A study [28] conducted with families of very young children (under 7 years) shows that parents choose the type of help (professionals such as pediatricians, or friends and family) based on the child’s problems and his/her digital activities. The professionals are consulted if the child is an only son or he/she uses the media too long. Parental sense of competence in managing the child’s activities increases if parents are confident of the usefulness of the media (e.g., educational games for learning) and if there are more kids in the family. Parents turn to friends and family for advice when they have a negative view of the effects of the media. This result makes us reflect, but unfortunately there are not many similar studies.

A correct parental mediation of children’s digital activity must build on the information and recommendations that come from the scientific community. The American Academy of Pediatrics [2] has taken a clear stance for prudent and moderate use of the web in infancy (0–5 years) and has prohibited touchscreen device use under the age of 2. The careful use of these devices at such an early age is crucial for the infants’ brain and social development. However, in contrast to these professional recommendations, often parents themselves introduce babies to media use during infancy (e.g., to “take calm” the kid, or to stop whims and cry; [30]). Young children spent daily an amount of time with screen media (iPod, smartphone, video game player, etc.) that grows during infancy (42 min under 2 years and 2 h/39 min at 2–4 years, respectively; [88]). The risks for excessive screen exposure are extensively confirmed in literature and particularly the negative consequences for early users who may present physical problems (such as obesity), developmental difficulties (i.e., language or learning), and unhealthy routines (low sleep quality) (**Figure 1**).

The recommendations for effective parental mediation on children’s digital activities are unequivocal [2]: (a) avoid the use of digital devices before 18–24 months with the exception of *video chatting* in the presence of the parent; (b) do not allow the child (18–24 months older) to use the devices alone and for more than 1 h a day; (c) do not press for an early use, the child will spontaneously approach the media when ready; (d) help the child apply what he/she learns from using the device to the real world; (e) know that in infancy, direct experiences, manipulation, and unstructured play are crucial for the child’s brain and for social, cognitive, and linguistic development; (f) void the vision of fast programs, with too many distracting elements, or violent contents that the child is unable to understand; (g) avoid using devices to calm the baby, an hour before bedtime; and (h) constantly monitor the media contents to which the child is exposed. Finally, the experts (pediatricians and psychologists) turn also to the industry that produces media devices, so that it adopts a scientifically founded and more ethical approach, for example, installing apps (such as connection stop or automatic shutdown during night hours) that can protect very young children from the risks of overuse.

Therefore, parent education interventions are necessary both to disseminate scientific knowledge on the influence of new technologies on children’s health and

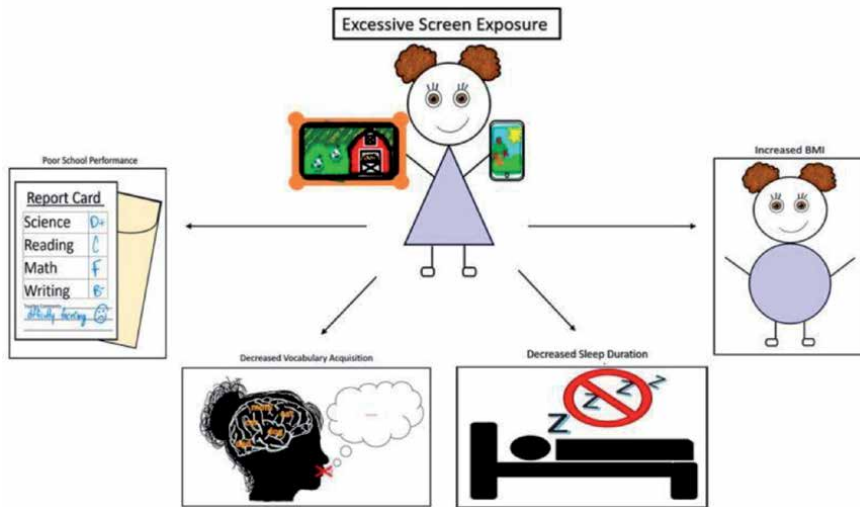


Figure 1. Developmental risks associated with excessive media exposure (from [88]).

development and to help parents to cope with the challenges of digital reality. Parent education cannot be reduced to merely correcting ineffective parenting practices or to a list of instructions on what the parent should do. In fact, all studies indicate that the effectiveness of mediation strategies (restrictive or active approach) is relative, because parental practices interact with the characteristics of both adults (digital skills, beliefs, and activities on the media) and children (age, development, digital literacy skills, etc.). Instead, professionals should help parents to improve and adjust their guidance according to children’s age and developing skills. This is possible to be realized if parents also increase their knowledge and digital skills (*media literacy programs*), given the importance of these factors in parenting. Less skilled parents, or those who fear the unknown pitfalls of the web, are more likely to intervene only on restricting or prohibiting children’s activities. Conversely, “it is likely that more skilled children and parents are more free to explore and benefit from online opportunities, while also building up resilience against harm by meeting a degree of online risk” ([16], p. 19).

Digital parenting is a very complex and “complicated” task not only because the digital technologies rapidly change, but also because they offer children multiple experiences (learning, communication, socialization, entertainment, etc.) that influence their development, but which are not entirely overlapping to the experiences that take place in the real environment [89]. Particularly, digital natives have the opportunity to know the reality and themselves, developing their own identity [76], with a multiplicity of means and without the supervision of the traditional agents of socialization, primarily the parents (or the teachers). With the awareness of how difficult it is to give definitive answers about the advantages or dangers of digital technologies, more effort is needed from researchers. More evidence-based studies are needed, to understand how technological progress is changing the psychological (neurocognitive, emotional, and social) development of young digital users. However, despite the growing diffusion of digital tools in infancy, studies with very young children are still lacking. Particularly, future research could benefit from longitudinal studies to which to explore the relationships between parenting and children’s experiences in digital environments, their opportunities, or risks.

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Parenting in the Digital Contexts: Are Parents Ready to Use Automated Vehicles to Transport Children?

Yi-Ching Lee

Abstract

Autonomous vehicles (AVs) or automated driving systems (ADSs) are projected to be widely available in the coming years. Prior research has documented the reasoned benefits and concerns about this prospect, especially from the perspectives of mobility and safety. However, little work has focused on the prospect of using AVs to enhance children's mobility as well as the AV features that are needed for safety. An online survey was used to collect the opinions of parents within the United States on their willingness to use AVs to transport children. Results showed that parents' concerns, assurance-related car features, parents' technology readiness, child restraint system use (as a proxy for child age), and parent sex were important variables for modeling parents' willingness. These findings highlight potential users' needs and requirements as they consider AV ridership and use scenarios in the context of children's mobility. More research is critically needed to guide the development of AV features, safety evaluations, and regulatory policies, as child passengers are likely part of AV ridership scenarios in the perceivable future.

Keywords: children's mobility, children's safety, autonomous vehicle, ridership context, parents, vulnerable road users

1. Introduction

Parenting in the digital contexts may involve utilizing digital devices and mechanisms in the caring of children and the supporting of child development. This chapter will discuss parenting in the era of automated (or autonomous, self-driving) vehicles (AVs) and parents' perspective on using AVs to transport children and ridership scenarios.

US Department of Transportation has released its Vision 2.0, 3.0, and 4.0 on the future of transportation and the importance of safety in the deployment of motor vehicle driving automation systems [1–3]. These are vehicles that are capable of sensing their environment and performing dynamic driving tasks according to the level of automation equipped [4]. There are six levels of driving automation, ranging from no driving automation (level 0) to full driving automation (level 5), in the context of motor vehicles and their operation on roadways. Vehicles that are equipped with levels 3–5 of automation that can perform crash avoidance and complete dynamic

driving tasks are also colloquially referred to as automated or autonomous vehicles (AVs). Currently, most car companies design and manufacture their own versions of AVs, and optimists believe that AVs will be sufficiently reliable and affordable to replace conventional, human-driven vehicles by 2030 [5].

Undoubtedly, AVs are expected to shift the mobility practices, transit systems, and the infrastructure while impacting road users' everyday transportation needs. AV companies and government agencies project the benefits of AVs being enhanced safety, efficiency, convenience, and mobility. In fact, enhanced mobility is considered one of the major motivations for vehicle automation [6, 7]. Even though conventional vehicles can also achieve this purpose, AVs can improve mobility for those who cannot legally drive or do not drive due to age, disability, or incapacitation [1, 8–10]. Prior research on the impact of AV has indicated enhanced mobility (in the ranges of 10–40%) of underserved populations, such as adult non-drivers, the elderly without medical conditions, and adults with a travel restrictive medical condition [8, 11, 12], suggesting the potentials of AVs on improving independent mobility.

However, the above-mentioned studies focused on adults and senior populations and their transportation needs and did not include teenagers or younger children (age 16 and younger) in the analyses. Traditionally, children who have not reached the legal driving age depend on parents or older siblings for their mobility needs [13]. In addition, they are required by law to use a child restraint system (e.g., car seat, booster seat) or a vehicle seat belt during transit. AVs can potentially enhance and supplement mobility needs of young children and teenagers [8, 14], just like the projected positive impact of AVs on adult nondrivers; however, safety features and regulations of AVs, supporting infrastructure, legal requirements, and policies are still being discussed and developed [6, 15, 16]. Better understanding of AV ridership scenarios that involve children is critically needed.

To date, a few studies have examined the prospect of using AVs to enhance children's mobility. Participants were asked about the occasions they would like to use AVs in a 2015 study: 11% of participants indicated transporting children as a potential use, which was much lower than not using AVs at all (22%) [17]. In a 2017 study, 13 and 53% of participants were comfortable sending empty AVs to pick up children from school and get groceries, respectively [18]. Lee and Mirman in a 2018 study [19] investigated parents' perceived concerns and benefits about child occupants in AVs alone or with parents. Results indicated that parents could imagine the potential benefits (such as freeing up time from manual driving and potential carpool arrangements) but were concerned about losing active vehicle control. Mothers and parents with younger children had higher levels of concern and rated the benefits lower than their counterparts [19]. A 2019 study explored the minimum age for children riding in AVs alone, ridership scenarios, and vehicle features needed to support such uses [20]. Upon experiencing a short simulated autonomous ride, 63% of parents thought they would be willing to be alone or be with their child in an AV, but only 21% would let their child ride alone. Most study participants would let their children be alone in AVs when they reach age 16 [20]. A recent study showed that communication between children and parents during an autonomous school bus ride was important for both parties [21]. A 2020 study also found communication mechanisms (having a camera and microphone inside AVs) to be important [22].

There are two sources of potential concerns and hesitations in using AVs for children's mobility. One is in general related to concerns about driving automation systems and the lack of personal experience [23]. Some road users and drivers are ready to try new technologies, but others are not. AV-related accidents reported in the media [24] might also discourage potential users from buying AVs. Another

source is more directly related to parenting. When own children are involved, people become less comfortable, trusting, and willing to use automation or anything they are unfamiliar with, due to the primal instinct to protect own offspring [25] and family members [26]. Lack of knowledge and personal experience with AVs plus the parental instinct to care for own children may lead to mental barriers and decrease the willingness to explore AV use scenarios. More investigations are needed to better understand the sources of hesitations and how they can be lowered for the purpose of enhancing children's mobility.

Given the fast pace of AV-technology advancement and the large proportion of American adults wanting to have children or have had children [27], having child passengers in AVs would be a likely ridership scenario in the coming years. Therefore, this chapter was designed to address the lack of research on parenting in the age of AVs by examining factors that model parents' willingness to use AVs to transport children. The modeling framework was developed to answer these principal research questions: (1) What are the profiles of parents who are relatively higher and lower on willingness? (2) Which variables are important in differentiating high vs. low willingness?

Of note, this chapter is the secondary data analysis on an online survey study. A copy of the survey items can be found in [22]. The former analysis used a machine learning-based modeling approach, and the current analysis focused on a logistic regression approach.

2. Method

2.1 Data collection

The survey was hosted on Qualtrics and distributed by Amazon Mechanical Turk. Verified Mechanical Turk workers who met the inclusion criteria (age 18 and older, being a parent or legal guardian, owning or leasing a vehicle, and residing within the US) were invited to participate and the compensation was 25 cents for each valid participation. Data were stored on Qualtrics and later downloaded for analysis. This research project received approval from the Institutional Review Board of the author's university.

Of the initial 1893 respondents, 287 were removed because they did not reside in the United States. An additional 296 respondents were further removed due to invalid responses to attention check questions. Some gave an incorrect answer when prompted to provide the current year, others reported that their age was a value outside the age range they had provided earlier. At the end of data cleaning, a total of 1310 valid responses remained.

2.2 Questionnaire development

2.2.1 Demographics of participants and their children

The demographic questions in the survey included age group (9 year ranges starting from 18 to 64 with additional groups for under 18 and over 64), current age (compared against age group response for data validation purposes), sex at birth, primary residence (urban, suburban, rural, other), US state of residence, race and ethnicity, education level, and annual household income. Participants were also asked whether they were a parent or legal guardian of a child between the age of 0 and 14 years, and if so asked to provide demographics about one of the children (e.g., age, sex). This chosen child age range was to ensure that these parents and

legal guardians had the experience of transporting children as their children have not reached the minimum age for independent driving [13] and were required to use a car seat, a booster seat, or a seat belt. A total of 14 demographic questions were included.

2.2.2 Vehicle use of participants and their children

Driving history-related questions included whether participants own or lease a vehicle, monthly frequency of driving and mileage, number of major or minor accidents in the past year, as well as, the use of vehicles by their children, if they had any living with them (weekly frequency, seat belt/car seat use). Six driving history questions were included.

2.2.3 Technology readiness and familiarity with autonomous vehicles

Consistent with prior research [19, 22], four statements (out of 16, due to usability concerns) from the Technology Readiness Index [28, 29] were used to assess participants' propensity toward adopting new technologies. Additionally, participants were asked to indicate whether they have heard of AVs and the year they believe that AVs would be fully integrated into modern roadways. As familiarity with a technology can influence attitudes toward that technology [30, 31]; these questions were expected to play a role in the association between a priori acceptability and willingness to use AVs to transport children. Three questions were included.

2.2.4 Willingness to use autonomous vehicles to transport children unaccompanied

Participants were asked twice to indicate their willingness to use a fully AV to transport their child unaccompanied. This question was presented before and again after (pre- and post-willingness) the survey asked about the concerns and car features (details in sections 2.2.5 and 2.2.6). The wording of the question and the options were identical between the pre- and post-willingness; the options were presented on a 4-level scale (1 = I would never, 2 = I would be hesitant, 3 = I might, 4 = I would definitely). This pre- and post-design was used to assess participants' a priori acceptability of AVs and if participants' willingness changed after being exposed to potential concerns and car features for this prospect of use.

2.2.5 Potential concerns related to transporting children

Potential concerns were derived from literature on child restraint systems, safety, and parent-child mobility practices [19, 32–36]. These items reflected overall categories that were further explored in the following section on car features. Participants rated their level of agreement on these items on a 5-level Likert scale (1 = strongly disagree, 5 = strongly agree). A total of 12 potential concerns were included.

2.2.6 Importance of car features

Potential car features were derived from the potential concerns (Section 2.2.5), literature on car features in the context of ride sharing, users with disabilities, and smart systems [20, 37–39], and brainstorming sessions with parents from a prior qualitative study and analysis [40]. Four categories of car features about route control, assurance, child safety, and comfort included various aspects of the operation of AV, child restraint system, communication from/to the child/adult, access

to the AV, support mechanism, and emergency situations. Participants rated the importance of these features on a 4-level scale (1 = unnecessary to have, 2 = would like to have, 3 = important to have, 4 = required to have). A total of 26 car features were included.

2.3 Analytic plan

The analytic plan included profiling and modeling ratings of willingness to use AVs to transport children. Even though there were four response options (would never, would be hesitant, might, would definitely) on the willingness item, only a small number of respondents chose “would definitely”; therefore, the four responses were dichotomized to reflect relatively higher vs. lower in willingness. Test of normality was then checked; due to the asymmetric distribution of the data, Shapiro-Wilk test was used [41], $p < 0.001$, skewness = 0.60, kurtosis = -0.61 . Data were not normally distributed; therefore, nonparametric tests, Mann-Whitney U test and Chi-Square test, were used to compare the response distributions between individuals having high vs. low willingness. Then, binary logistic regression was selected for the modeling work due to its strong performance in classification applications. SPSS was used for data visualization, calculations, and modeling.

2.3.1 Methodology for modeling

Binary logistic regression was used to model the relationship between several exploratory variables and willingness to use AV to transport children. The exploratory variables were entered in three blocks: block 1 included the averaged ratings of concerns and four categories of AV features; block 2 included characteristics of the child occupant, including current use of restraint system, child sex, and number of days in a week riding in vehicles; block 3 included characteristics of the parents/legal guardians, including RTI items, annual mileage, frequency of driving, prior accidents, parent sex, parent age, age at which first obtained license, race, education, income, and residence.

3. Results

3.1 Sample characteristics

The sample was geographically represented: there were participants from each state of the US, with 16.7% from the Northeast region, 21.6% from the Midwest, 41.3% from the South, and 20.5% from the West. The sample was demographically balanced, although there were relatively more females and individuals in the 25–34 and 35–44 age groups, with the average age being 36.56 (SD = 11.16) years. The majority of participants identified themselves as White, lived in suburban areas, had a college degree, and drove every day in the past month (**Table 1**). Most participants did not have any major or minor (85.6%) accidents in the past years (mode and median = 0). About 60.4% was the parent of at least one child between the ages of 0 and 14, and 90.5% had heard of AVs. When asked about the year AVs would be fully integrated into modern roadways, 79.6% indicated 2030 or sooner.

The reported child profile included slightly more boys (56.7%). As for riding in a vehicle as a passenger, 36.6% of them rode for 6–7 days a week, 41.1% rode for 3–5 days, and 22.3% rode for 1–2 days. Seat belt was used in 44.2% of the responses, followed by car seat (32.5%) and then booster seat (17.5%); however, 59 responses (5.8%) did not use any of the three above restraint systems.

	All	High willingness	Low willingness	<i>p</i> -value for high vs. low willingness
Age				
18–24	139	49	90	0.22
25–34	541	145	396	
35–44	354	89	265	
45–54	164	39	125	
55–64	73	17	56	
65+	38	9	29	
Sex				
Male	554	196	358	<0.001
Female	755	153	602	
Race and ethnicity				
White	1006	258	748	<0.01
Black	105	24	81	
Hispanic/Latino/Spanish origin	55	11	44	
American Indian/Alaska native	14	5	9	
Asian	109	45	64	
Native Hawaiian/Other Pacific Islander	0	0	0	
Some other race or origin	19	6	13	
Residence				
Urban	363	115	248	<0.01
Suburban	665	175	490	
Rural	267	53	214	
Other	13	6	7	
Highest level of education				
Less than 9th grade	1	0	1	0.21
Some high school	12	3	9	
High school graduate	106	20	86	
Some college degree	326	83	243	
College (associate or bachelor's) degree	616	164	452	
Graduate degree	249	79	170	
Annual household income				
< \$25,000	172	39	133	0.37
\$25,000–\$44,999	325	83	242	
\$45,000–\$69,999	330	87	243	
\$70,000–\$109,999	331	91	240	
> \$110,000	148	48	100	
Parent of a child between 0 and 14 years of age				
Yes	791	179	612	<0.001
No	514	168	346	

	All	High willingness	Low willingness	<i>p</i> -value for high vs. low willingness
Weekly driving frequency in past month				
Never	14	1	13	0.13
Once a week	48	20	28	
Two to four times a week	277	74	203	
Every weekday	226	61	165	
Weekend only	9	2	7	
Every day (including weekend)	735	191	544	
Mileage in past month				
0	13	3	10	0.54
1–1000	842	221	621	
1001–2000	321	82	239	
2001–3000	93	33	60	
3001–4000	24	6	18	
4001 and more	15	4	11	
Child sex				
Male	565	156	409	0.02
Female	432	91	341	
Days child rode in vehicle as passenger				
1–2 days	221	63	158	0.10
3–5 days	406	105	301	
6–7 days	362	76	286	
Child restraint system				
Car seat	331	58	273	<0.001
Booster seat	178	37	141	
Seat belt	450	139	311	
None	59	13	46	
Have heard of AV				
Yes	1186	322	864	0.24
No	124	27	97	

Table 1. Demographic characteristics of the sample ($N = 1310$) and profiles of high vs. low willingness for nominal variables; data are *n*.

Participants' technology readiness is presented in **Table 2**. Most participants agreed or strongly agreed with the Optimism and Insecurity items, but rated the Innovativeness and Discomfort items more moderately.

3.2 Profiling willingness

The response distributions were similar between pre- and post-willingness (**Figure 1**), with roughly 21.1% of respondents changing their ratings in post-willingness: 169 respondents (12.9% of total respondents) became more willing and 107 (8.2%) respondents became less willing at post-willingness. Regardless,

	1 (Strongly disagree)	2	3	4	5 (Strongly agree)
Optimism	10	39	117	759	384
Innovativeness	145	348	305	383	128
Discomfort	130	376	303	402	99
Insecurity	48	192	237	556	277

Note: Items from the Technology Readiness Index (TRI). Optimism: New technologies contribute to a better quality of life; Innovativeness: In general, I am among the first in my circle of friends to acquire new technology when it appears; Discomfort: Sometimes, I think that technology systems are not designed for use by ordinary people; Insecurity: People are too dependent on technology to do things for them.

Table 2.
Agreement on technology readiness (N = 1310); data are n.

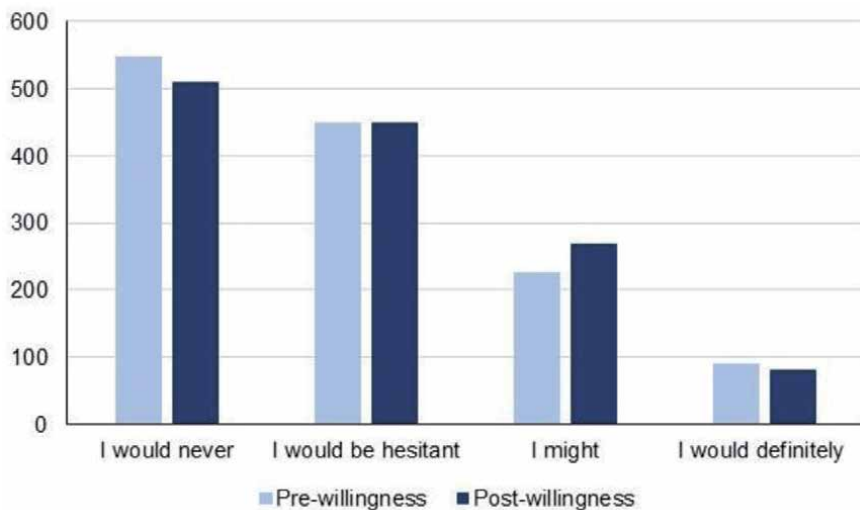


Figure 1.
Frequency of willingness.

the number of respondents who chose 4, “I would definitely,” remained low for pre- and post-willingness (6.7 and 6.2%, respectively). Given the similar response distributions at pre- and post-willingness, ratings at post-willingness were used for subsequent analyses.

Given the small proportion of participants who indicated “I would definitely” use an AV to transport own child unaccompanied, responses on post-willingness were further dichotomized: “I might” and “I would definitely” were re-categorized as relatively high in willingness and “I would never” and “I would be hesitant” were re-categorized as relatively low in willingness. This dichotomized willingness was tabulated across stated concerns, importance of car features (four categories), TRI items, respondent demographic variables and driving history, child demographic variables, and whether or not respondents had heard of AV. Mann-Whitney two-sample tests (two-tailed) were used to examine response distributions from ordinal or scale variables; Chi-square tests were used for nominal or categorical variables (see **Tables 1** and **3**).

As expected, respondents who were relatively more willing had lower levels of concerns, rated car features to be more optional (as opposed to being required), were more pro-technology, and were relatively younger.

	High willingness	Low willingness	Z-score	Sig. (2-tailed)
Concerns (averaged across 12 items)	3.71 (0.91)	4.27 (0.79)	-10.91	<0.001
Car feature: Route Control (averaged across 5 items)	3.44 (0.57)	3.66 (0.50)	-7.38	<0.001
Car feature: Assurance (averaged across 9 items)	3.16 (0.64)	3.52 (0.56)	-9.63	<0.001
Car feature: Child Safety (averaged across 8 items)	3.56 (0.53)	3.74 (0.48)	-7.86	<0.001
Car feature: Comfort (averaged across 4 items)	2.66 (0.86)	2.96 (0.80)	-5.65	<0.001
TRI: Optimism	4.32 (0.70)	4.05 (0.75)	-6.24	<0.001
TRI: Innovativeness	3.33 (1.13)	2.88 (1.18)	-6.11	<0.001
TRI: Discomfort	2.89 (1.21)	3.00 (1.11)	-1.52	0.13
TRI: Insecurity	3.31 (1.16)	3.74 (1.03)	-6.12	<0.001
Respondent: Age	35.51 (11.07)	36.93 (11.17)	-2.38	0.02
Respondent: Licensed age	17.74 (3.40)	17.35 (2.68)	-1.62	0.11
Respondent: Accidents in past year	0.23 (0.52)	0.16 (0.49)	-3.04	<0.01

Note: Equal variances not assumed for calculating Z-scores.

Table 3.
Profiles of high vs. low willingness among ordinal and scale variables; data are mean (sd).

3.3 Modeling willingness

Binary logistic regression was used to model the effects of concerns, car features, child characteristics, and parent characteristics on the dichotomized post-willingness ratings. Based on findings in **Tables 1** and **3**, variables that significantly differentiated high and low willingness were initially included in the model (with the exception of the licensed age variable, as prior analysis showed that this was an important variable for differentiating willingness [22]). Then, insignificant variables were removed. An interaction term of parent sex and concerns was added to the model, as suggested by prior work [19]. The resulting model (model 1) showed that parents' concerns, assurance-related car features, child restraint system, three of the TRI items, parent sex, interaction of parent sex and concerns, and licensed age were significant (child safety-related car features marginally significant) in classifying high vs. low willingness (**Table 4**): With one unit higher on the concerns, respondents were 2.22 times less likely to use AV for child transportation. With one unit more requiring having assurance-related car features, individuals were 2.63 times less likely to use AV for child transportation. Individuals who appraised optimism and innovativeness were 1.62 and 1.37 times more willing to use AV for child transportation. Respondents who agreed with the insecurity item were 1.28 times less willing. Female parents were 7.69 times less willing. The significant interaction suggested that female parents with higher levels of concerns were (log odds of $-2.04 + 0.41$ and odds ratio of 0.19) 5.10 times less willing. By comparison to car seat users, parents whose children used seat belts were 2.07 times more willing. Respondents who first obtained their driver's license at a later age were 1.06 times more willing.

Model 1 correctly classified 77.3% of the responses, could explain 27.1% of the variance (Nagelkerke R^2), and was considered an adequate fit to the data (Hosmer and Lemeshow goodness of fit χ^2 (8, $N = 1011$) = 6.43, $p = 0.59$).

Using model 1 as the base, four more models were further developed that included respondents who had heard of AVs (model 2), who thought AVs would be fully integrated by 2030 or sooner (model 3), who indicated being a parent of a child between 0 and 14 years of age (model 4), and who met the above three criteria (model 5) (Table 5). The results from models 1, 2, 3, and 4 were very similar: the signs and the significance testing of the regression coefficients remained the same. Model 5 showed that child safety-related car feature, child restraint system, parent sex, and parent sex by concerns were no longer significant. This model also had the highest classification accuracy among the five models and was considered a good fit to the data, χ^2 (8, $N = 552$) = 10.83, $p = 0.21$.

When plotting the probability of being high on willingness across the averaged ratings of concerns (Figure 2) using model 5, the negative relationship suggests that among parents who had heard of AVs, believed AVs would become fully integrated in modern roadways by 2030, and had young children (younger than age 15), their level of willingness decreased as concerns about AV use increased.

Predictor	B	Wald χ^2	<i>p</i>	Odds ratio
Concerns	−.80	30.32	< 0.001	0.45
Car feature: Assurance	−0.96	21.08	<0.001	0.38
Car feature: Child Safety	0.45	3.48	0.06	1.56
Child restraint system		15.74	<0.005	
Booster seat	0.19	0.56	0.46	1.21
Seat belt	0.73	13.53	<0.001	2.07
None	0.11	0.08	0.78	1.12
TRI: Optimism	0.49	14.29	<0.001	1.62
TRI: Innovativeness	0.32	15.82	<0.001	1.37
TRI: Insecurity	−0.25	10.64	<0.005	0.78
Parent Sex	−2.04	7.46	<0.01	0.13
Parent Sex by Concerns	0.41	4.89	0.03	1.51
Respondent: Licensed age	0.06	5.11	0.02	1.06

Note: Car seat was the reference group for Child restraint system; Male was the reference group for Parent sex.

Table 4.
Variables in model 1 logistic regression.

	Model 1 (base)	Model 2 (heard of AV)	Model 3 (AV year <= 2030)	Model 4 (had a child 0–14)	Model 5 (model 2–4’s criteria)
Included in analysis (n)	1011	902	802	782	552
Nagelkerke R^2	0.271	0.279	0.277	0.253	0.290
Classification accuracy (%)	77.3	76.9	77.1	78.6	78.8

Table 5.
Model comparisons.

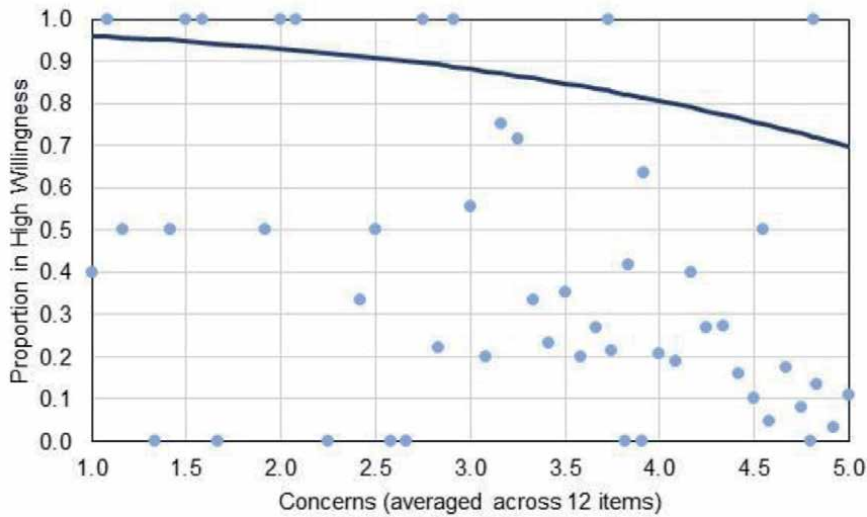


Figure 2. Proportion in high willingness across averaged concerns in model 5. Note: Dots depict the predicted willingness given the averaged concerns; the line depicts the model.

4. Discussion

The current analysis focused on profiling and modeling parents' willingness to use AVs to transport children unaccompanied. According to model 1 (all survey responses), individuals who rated their willingness higher were those who were pro-technology, more ready to embrace innovative technologies, and males (as opposed to females), and had lower levels of concern about this prospect of AV use. These findings are consistent with the literature on general AV acceptance about the early adopters being males [42], technology-savvy individuals [17], such as drivers who are already using advanced car features, and those who are less concerned about safety risks associated with AVs [18].

The current finding also suggests that parents who were relatively more willing to use AVs in the context of child mobility regarded assurance-related AV features as relatively optional (as opposed to required). These car features were about having mechanisms for on-time pick-up, communication from/to child, having an adult waiting at destination, and two-way audio and video communications. This is largely consistent with the previous machine learning-based analysis on the same data [22]: specific car features about having a designated adult waiting at destination, a camera that lets the child see parent, and a microphone that lets the child hear parent were important variables in differentiating high vs. low willingness.

In terms of restraint system use, parents higher on willingness had relatively older children who used seat belts (as opposed to car seat users). This is consistent with prior finding that parents whose children use car seats have significantly more concerns than parents whose children use seat belts [19]. Children's age as well as the required restraint systems are both important determinants. One explanation is that younger children need more support and supervision during transit as they may not have the physical ability or cognitive understanding for safety practices. Also, parents are likely to be more worried about community and roadway safety when children are younger [43, 44]. These factors likely influence the degree to which parents grant children independent mobility [45].

Females are less ready to embrace AV technology [42, 46]. The significant interaction term of parent sex and ratings of concerns from the current analysis further suggests that mothers and mothers with higher levels of concerns are less willing to put children in AVs alone.

Current finding also shows that individuals who obtained their first license at a relatively older age were more willing to use AVs to transport children unaccompanied. Even though literature has suggested that being older at licensure is related to fewer risky driving behaviors [47] and delayed licensure is associated with lower fatal crash rate [48], it is unclear how this association translates to an AV context.

When including only about half of the data (model 5), that is, parents who had heard of AVs, believed AVs would become fully integrated in modern roadways by 2030, and had young children, similar relationships between willingness and exploratory variables remained, even though child restraint system and parent sex were no longer significant. These individuals are likely to be more concerned about AV use from a family perspective as they believe AVs would become a reality for them soon.

As previously stated, this study and the nature of data collection had led to several limitations [22]. AVs and car features were broadly defined and described in the survey; participants' interpretations of the depicted AV and car features might differ. Also, even though 90.5% of the participants indicated having heard of AVs, the sources of knowledge and the degree of personal experience were unknown [24]. Therefore, this study could not directly quantify the association between AV exposure and willingness to use AV in a specific family perspective. In addition, the cross-sectional design of the study only allowed one-time evaluation of parents' imagined AV use. Their willingness might change with time, knowledge, and personal experience, as a previous study showed that experience with a travel mode may alter one's perception and future use of it [49]. Although our participants' willingness did not differ much from pre- to post-willingness, their perception of AV capability and hypothetical use might have changed and should be assessed in future studies.

5. Conclusion

This book chapter addresses issues related to parenting in the age of automated vehicles. The analysis shows that parents' concerns, assurance-related car features, parents' technology readiness, child restraint system use (as a proxy for child age), and parent sex are important variables for modeling parents' willingness to use AVs in the context of children's mobility. Future studies should continue to investigate the public's willingness, perceptions, and attitudes about AV use scenarios from multiple perspectives while taking into account personal and family characteristics. Similarly, children's perspectives about the use of AVs for mobility and transportation needs should also be examined. For example, future studies can compare the perceptions and perceived safety between riding a human-driver school bus vs. an automated school bus and being a passenger in an AV alone vs. having parents as passengers together. AV manufacturers and regulatory agencies should carefully consider adding and evaluating car features, restraint systems, and support mechanisms that have the potentials to ensure child passenger safety, ease parents' concerns, and ultimately enhance children's mobility.

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Conflict of interest

There is no known conflict of interest to disclose.

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Parental Self-Efficacy and Parenting through Adversity

Christian Scannell

Abstract

This review examines the relationship between life adversities, parental well-being, parental self-efficacy, and social support as potential factors mediating parent-child relationships and children's outcomes. Generally, research on adversity has focused on children's experiences and the long-term impact of adversity on development and health trajectories. More recently, a focus on resilience and growth after adversity has received increasing attention. Existing literature has identified how parents can best support their children through adverse events and suggested parenting programs that emphasize skill-building to parent children who have experienced adversity. Yet often overlooked is the critical impact of adverse events on the parent and how this may interfere with the cultivation of an environment of support and increase stigmatization due to unmet parenting expectations. While parenting occurs in context, it is often judged based upon societal expectations of childrearing practices and optimal outcomes with little understanding of the factors that contribute to parenting behaviors. The experience of adversity has the potential to impact parental sense of competence and parenting practices. However, parental self-efficacy and social supports can play mediating role in the experience of adversity and parenting stress. The integration of these contextual factors allows for the development of expectations that are best suited to meet the needs of vulnerable family systems.

Keywords: parenting, adversity, parental self-efficacy, resilience, parenting stress, cumulative risk, competence

1. Introduction

Parenting is a role that is often perceived as having both great rewards and significant demands. The role of a parent requires that an individual has the resources necessary to ensure the well-being of their child(ren) for many years. This includes not only competence in childrearing practices but also the ability to respond to the physical and behavioral cues and the emotional needs of the child(ren). Parenting is best viewed as a multidimensional concept that incorporates parenting behaviors and perceptions of oneself as a parent [1, 2]. Positive parenting practices, such as warmth, acceptance, belonging, and responsiveness are correlated with healthy development and outcomes even in the face of adverse life situations [3–6]. According to Yamaoka and Bard, positive parenting practices can provide a buffer against the negative impact of adversities particularly in early development and the absence of this type of parenting can be viewed as an adversity itself [6]. Success in the parenting role creates an internalized sense of safety and trust for the child,

which is a critical ingredient to the development of self-regulation responses and adjustment throughout the lifespan [7].

The expectations of a parent to effectively manage the day to day demands of childrearing can create a moderate stress reaction even in situations that are considered relatively normative [8, 9]. Abidin's parenting stress model identifies the connection between stress and parenting practices, suggesting that increased parental stress leads to less optimal parenting behaviors [2]. Further, this model highlights the connection between parental appraisal of their experiences in the parenting role and the emergence of parenting stress with parenting stress serving as a motivating force for parent's that have resources to draw upon [2]. The purpose of this chapter is to explore the factors that influence the relationship between adverse experiences and parenting behaviors on parent-child relationships and outcomes for children.

Many parents navigate this stress effectively and find satisfaction and positive regard for this role. Yet parental stress can become exacerbated when parenting is occurring in the face of adverse life situations. Parental stress levels and behaviors are influenced by the level of self-efficacy that a parent experiences in their role [10] and may be mediated by the social supports that occur in context [11]. Parental self-efficacy, the confidence that one can manage effectively the parental role and assist their children in managing problems that occur, has been found to be correlated to adaptive family environments and positive outcomes for children [12]. Parental expectations and the perception of stigma can increase the stress experienced by adverse situations and deplete already taxed resources. In a society that places great emphasis on the quality of childrearing practices, the pressure that is placed upon parents to ensure optimal outcomes for their children is immense, and the way these practices and outcomes are judged can be harsh [13, 14].

While adversity is a routine part of the human experience, the impact that it has on individual and family functioning is quite varied, with much research dedicated to understanding why some individuals adapt more effectively than others. An exploration of parenting in adverse situations, parental self-efficacy, resilience, and parenting in context will allow for the development of supports that can improve outcomes for families and decrease vulnerabilities. Understanding the way parents experience stress in the face of adversity provides insight into the resources that parents can access for parenting practices and behaviors and the impact of adverse events on the parents themselves. When planning interventions and services, this knowledge can aid in recommendations that add value and additional resources in order to decrease individual stress responses and adverse family dynamics. It is essential to understand the factors that influence the ability to maintain healthy trajectories amid stressful life situations as even though the experience of adversity cannot be eradicated, the sensitivity by which we provide support and understand the experiences of parents can be enhanced.

2. Adversity and its impact on parenting

2.1 The experience of adversity

Adversity is part of the normal life cycle, and very few individuals will live their entire existence without experiencing an adverse life event. The lived experience of adversity is universal in the human experience [15]; however, the impact of these experiences on individuals and families is quite varied. Adversity has been widely defined as experiences that have the potential to disrupt normative functioning and create undesirable life outcomes [16, 17]. In other words, when individuals experience situations that work against their ability to maintain a sense of balance, safety, and security, the ability to maintain a healthy life trajectory may be compromised.

Adversity can occur on the individual and family levels and in many environmental contexts. At the individual level, children directly experience adverse events such as abuse or neglect, mental illness, disability, bullying and homelessness [18]. At the family level, adversity can take the form of family instability/divorce, family discord lack of safety, substance abuse, and parental incarceration [18]. At the contextual level, adversity in childhood is often related to disadvantaged socioeconomic status, poor school systems, violent neighborhoods, and a resulting lack of resources that can negatively influence health trajectories [18]. The concept of adversity is not easy to construct as it can have many sources, as well as varying levels of intensity and duration. Individuals who experience adverse life events are more likely to have poorer health outcomes, decreased quality of life, and increased risk factors for psychological, emotional, and physical effects [9, 18–20]. In order to maintain functioning in the face of adversity, individuals and families must draw upon all of their resources to cope with and manage stress.

Adversity has often been utilized interchangeably with trauma [21]; however, there is a distinction that is important to draw as not all adverse situations will lead to the experience of trauma. Further, some attempts at the operationalization of resilience have described the absence of pathology [22, 23], such as posttraumatic stress disorder, as a key factor yet this detracts from the multiple levels of coping and reduces the concept to a binary construct [23]. Yet both trauma and adversity have the potential to impact health and social outcomes negatively and to have lasting effects [15, 19, 24].

Children can experience adversity as early as birth, and some might argue in utero. This experience will continue throughout the lifespan, with estimates from the National Survey of Children's health reporting that 46 percent of children under the age of 18 have experienced an adverse event, and 11 percent have experienced three or more adverse events [25]. Some adverse events are more common than others with disadvantaged socioeconomic status being experienced by 1 in 4 children, and 25 percent of children have experienced parental separation or divorce [25]. While these numbers are significant, the likelihood that an individual will experience an adverse life situation increases exponentially with age. Although there is a connection between the experience of adverse life situations and negative health outcomes, not all individuals who experience adversity have long-lasting adverse effects. Research has attempted to identify the characteristics that allow some individuals to manage adversity more effectively than others as well as the contextual and social factors that contribute to less optimal outcomes in the face of adversity [15, 18–20, 26, 27]. The effects of adversity can be long-lasting and include excessive and prolonged stress responses, making the discovery of mediating factors critical. Under the right circumstances, experience adversity can lead to an increase in resilience in the future; with resilience being defined as the ability to manage and adaptively function in the face of adverse life events [23, 28, 29]. Luthar, a seminal author on resilience, emphasized that the development of resilience emerges from the presence of an adverse life event and the resulting functional adaptation [29]. Resiliency is not necessarily an innate quality, but rather the result of the interaction between life contexts, protective and psychosocial factors [23, 30]. While resiliency is a possible outcome, more often than not, adversity undermines parents' sense of competence and lead to less effective parenting [31, 32].

2.2 Adversity in the parenting role

The vast majority of literature on adversity and children's outcomes focuses on parenting, creating a wealth of knowledge about the environments that contribute best to development in adverse situations and what children need to build resilience

and stress hardiness [4–7, 17, 32, 33]. Emphasis has been placed on poor parenting practices in the face of adversity as the reason that adverse events have long-term effects, thereby pathologizing parenting behaviors and ignoring the experiences of parents themselves [34]. Further, Herbers, Cutuli, Supkoff, Narayan and Masten cautioned that during periods of adversity it is important not to interpret parent–child behaviors as maladaptive as while they may seem chaotic, it is reflective of a process of re-stabilization [7]. The experience of childhood trauma can make it difficult to form bonds with their children and parents who have not experienced consistent positive parenting in their own upbringing can have difficulties in creating warmth and connectedness in their relationships with their children [5, 35]. This also can influence perception of parenting competence and coping strategies for managing the challenges that occur in the parent–child dynamic [5, 36].

Despite contributions to knowledge regarding the types of parenting behaviors that lend themselves to the development of resilience and adaptation in children, often overlooked are the contexts and experiences of the parents themselves, which is the critical component to influencing outcomes. Benatov, in a study of parents reactions to their child's victimization via bullying, found that parents emotional responses to the event was correlated to the level of adaptive coping responses with guilt leading to more maladaptive responses such as avoidance and sadness contributing to adaptive coping responses and support for the child [37]. Further, the level of perceived adversity was related to parental self-efficacy with high levels of victimization leading to less adaptive coping strategies and undermining self-efficacy for parents [37].

The exploration of parental resources, i.e., material, social and psychological resources, and influential contextual factors, presents a holistic picture of the potential determinants of parenting behaviors and stress responses. Parent/child relationships exist within the context of the environment and with the resources that are available to them at any given time. Belsky's ecological model identified the importance of understanding the multiple levels of psychosocial factors that influence parenting [38]. This model recognizes the influence of parenting on healthy child development and identified three types of determinants of parenting behaviors including parental psychological resources, child characteristics, and contextual factors such as the environment [38]. Adversity often depletes the psychosocial resources that individuals have available to them, and parents who experience cumulative or co-occurring adverse events have fewer social supports and resources available to manage parenting stressors [36].

Adversity experienced in the parenting role creates obstacles that can disrupt parenting abilities, increase frustrations, and parent stress levels. There is a need to explore the psychosocial factors for parents who are experiencing adverse life situations and the way these factors contribute to parenting behaviors. Research has linked adverse childhood experiences to potential health and psychological issues throughout development, and one of the critical factors to consider is the way that adverse life events impact the parent and change the parent/child relationship dynamic [10]. For example, childhood illness, particularly illness that has an uncertain trajectory, has been found to be related to parenting stress which increased parental perception of the vulnerability of their child [39]. This perception of vulnerability can increase the presence parental overprotection behaviors [39] which decrease opportunities for the development of autonomy for the child. Parenting of children who have behavioral issues or developmental disabilities has been correlated to an increase in parenting stress which can increase parents' experiences of emotional dysregulation [40, 41]. Parenting stress can decrease the likelihood that a parent can respond effectively to the behaviors of their child via overreacting, being

less sensitive to the needs of the child, using less effective coping strategies, and a decreased ability to seek out support resources for their child which in turn increase child risk factors [41].

The influence of adverse events on parenting practices is an overlooked and critical component to successful outcomes for children and their families. Glazer and colleagues explored parenting after the loss of a spouse and found that parents not only question their parenting skills in the face of this adversity but also perceived stigma from others regarding their ability to parent effectively [42]. Not only did these parents question their skills to parent, they also expressed a lack of confidence in parenting a child who was also experience a grief reaction [40]. Research suggests that parental responses, particularly adverse reactions, are connected to the level of distress that is experienced by the child [34, 43]. If parental stress responses can increase the risk of a stress response in the child, then attention to parental experiences will expand opportunities to mediate stress responses.

Parenting behaviors and practices vary among individuals, regardless of whether or not adversity is present, and not all parents have access to the same resources to support parenting competence. Parents who lack psychosocial and contextual resources to draw upon in adverse situations may not manage these situations as effectively and may experience increased stress fulfilling the obligations of the parenting role. Parents often find themselves in conflicting and mutually demanding roles, creating stress related to which demand to attend to first and how to choose between competing demands. For example, research has found that the experience of severe socioeconomic hardship has the potential to constrain a mother's ability to engage in sensitive childrearing practices, which can lead to personal distress [8]. Adverse life situations and stressors create intense psychological and physiological demands that can interfere with functioning and increase vulnerability to adverse outcomes [8]. Adversity can lead to disruptions in the parent/child relationship when a parent's resources are taxed by the demands of their own dysregulation and stress responses [8]. Adversity can create situations where parents experience a loss of confidence and feelings of uncertainty about how to respond to their child effectively [43]. This may take the form of fear, apprehension, self-doubt, feelings of inadequacy, etc. [43]. The ability to find balance in parenting demands during stressful life situations can mediate the potential negative outcomes associated with adversity and increase feelings of competence.

2.3 Vulnerable parents/vulnerable families

Exposure to adverse life events by itself is not enough to trigger a long-term negative outcome or prolonged stress response as many individuals who experience adversity adapt effectively with little life disruption. Attempts to explore the types of stressful life situations that evoke adverse outcomes has produced with meager results due to the recognition that it is not the events alone that influence adaptation and coping [21]. Existing research has attempted to quantify risk and protective factors to predict outcomes; however, this fails to consider how the experience is perceived by the individual which plays a critical role in long-term trajectories [18]. Individual differences in vulnerability have been attributed to pre-existing mental health conditions, lifetime exposure to social stressors, the experience of conflict, financial hardships [11, 18, 21]. Barnyard, Williams and Siegel found that experiences of trauma were related to problems in parenting, with physical and sexual abuse resulting in less optimal parenting behaviors and negative perceptions of parenting abilities [3]. Hagan and colleagues identified that socioeconomic adversity and conflict in the parent-child relationship or parental harshness increased the

likelihood of poorer physical health trajectories for children [44]. Further, positive parent–child relationships or parenting environments was seen to buffer against negative outcomes associated with socioeconomic diversity [44].

While adversity has often been looked at in the context of individual events [22], the experience of multiple adversities is common [45], and increases the cumulative risk for negative outcomes. Individuals who experience multiple adverse events throughout their lifetime, report higher levels of personal distress, decrease in functionality, lower reports of life satisfaction, and [22] poorer parenting outcomes [3]. Cumulative stress exposure increases the likelihood of adverse outcomes even when previous stressors are not related to the current adverse event [21, 22] making context and personal factors an intersection that plays a crucial role in adaptation. The ability to counteract adverse events with social supports or periods of reparation can serve as a mediator to stress responses and appears to decrease the potential for negative long-term outcomes [3, 11]. Parents and families that experience repeated exposure to adversity are vulnerable due to a depletion in resources from which to manage stress responses. While risk factors can increase vulnerability for individuals and families, the presence of risk in and of itself is not enough to predict future outcomes. The identification of vulnerabilities and risk factors is beneficial only in so far that it allows for the implementation of mechanisms that can counteract and balance out the risks, thereby creating adaptation strategies that produce healthy outcomes.

2.4 Parenting stress and parenting under scrutiny

Parents often experience stress related to this role in the face of normative life situations [9]. Parenting stress is a negative psychosocial response to parental obligations and expectations [46] and includes emotional challenges that occur in coping with and managing their children [47]. Abidin identified beliefs about oneself in the parenting role and self-expectations as being influential to the development of parenting stress [2]. In this model, parenting stress is the result of this self-evaluation process and the available resources that support parenting behaviors [2]. Raikes and Thompson found that parents with socioeconomic disadvantage, parenting stress can be mediated by psychological and psychosocial resources such as social support and self-efficacy [11]. Higher levels of self-efficacy were found to be directly correlated to lower levels of parental stress making and moderated the effects of socioeconomic disadvantage for families [11]. Parenting stress has been found to be directly related to child behavior problems, particularly externalizing behaviors [46]. Parental stress appears to occur in a transactional relationship with childhood stress, with each experience having a potential additive effect on the experience of the other [46]. Children of parents who report high levels of stress and anxious or altered perceptions of their parenting behaviors in the face of adversity, such as natural disasters, have greater difficulties following an adverse situation [34]. A factor that is often associated with parenting stress is expectations about childrearing practices and behaviors [13, 14].

When a family experiences adversity, such as socioeconomic disadvantage or caring for a child with a disability, the expectations that they perceive, whether by society or self-imposed, have an additive effect on the emotional stress of the event itself [13]. The expectations of being good parents and being judged should they fail to meet social expectations of parenting responsibilities, play a significant role in adaptation and coping mechanisms available and utilized [13, 14]. The very nature of identifying how parents can contribute to the development of resilience in their children, creates the expectation that this outcome is within their control and the perception of failure should it not occur [48]. Parents of children with disabilities,

particularly invisible disabilities, or mental health issues have reported feeling blame from others and a greater likelihood for the perception that their moral deficits have caused the child's behaviors and problems [13]. While there is a tendency to place blame and pass judgment on parents when the family is going through an adverse situation, the reality is that not all problems that a child or parent experiences are the result of poor parenting or a deficit in parental competence.

The experience of adverse situations that are outside of one's control contributes to an increase in psychosocial stress and a decrease in feelings of competence and adequacy in the parenting role [32, 40]. This experience intensifies when a parent experiences stigma in their parenting role, which can increase vulnerability for distress and disruptions in parenting behaviors. Stigma, often defined as an experience in which the reactions of others negatively influence one's identity perception [48], can have lasting effects on an individual's ability to cope with adverse situations. Stigma often occurs in indirect ways, yet the impact on the individual experiencing it remains negative. Parents who experience adversity report experiencing stigma that is felt by the actions or inaction of others and also stigma that is enacted upon them [13]. Similarities across studies have found that parents report experiences of blame, avoidance, unwelcome attention, lack of offered support or interest, negative labeling, discrimination, and unhelpful advice [13, 14, 49, 50]. Parental stigma is often not the direct result of parenting behaviors or children's actions but a reflection of societal expectations regarding what parenting behaviors and situations are good or bad, with parenting being judged as a binary construct [13]. Francis found that stigma often resulted in feelings of isolation [13] and stigma has also been found to decrease the likelihood that parents will seek help or social support [14]. While many of these stigma behaviors are often subtle or unintentionally harmful in the case of failure to offer support, the result is often isolation, feelings of rejection and shame, and intense loneliness, which exacerbate existing stressors.

3. Parental self-efficacy, resilience, and parenting in context

3.1 Parental self-efficacy

Parental self-efficacy, the belief in one's ability to parent effectively, and the confidence that one can successfully handle the problems that their child may experience, has been associated with adaptive family environments and improved outcomes for children [12, 51]. Parental self-efficacy can have a reciprocal relationship with stress and coping strategies as parents who believe that they can have a positive influence on the development of their child are more likely to utilize adaptive coping strategies to reduce stress reactions [51]. Parents who believe that they have the power to influence children's behaviors and experiences have an increased ability to identify effective parenting strategies, thus creating positive parent/child interactions [5]. Even for parents who grew up in unfavorable circumstances and environments parental self-efficacy has been found to be related to positive parenting practices and parental beliefs that nurturing behaviors will increase positive outcomes for their children [5]. Parental self-efficacy can serve as a buffer against adverse risk factors such as disadvantaged socioeconomic situations and mediate the risks associated with individual parent and child risk factors.

Self-efficacy, the belief that one's life is within their control, has been found to serve as a mediator between stressful life events and depressive symptoms [52] as well as a protective factor for psychological health. Hastings and Brown found self-efficacy to be a mediator between child behavior problems and anxiety and depression in mothers [53]. Further, the reciprocal relationship between emotional

states/stress and the perception of coping efficacy are predictive of future parenting outcomes [54]. Environmental stressors and pressures influence the development and maintenance of self-efficacy. Raikes and Thompson identified that adverse events, particularly socioeconomic disadvantage, can impact how one views their personal characteristics and competencies [11]. Self-efficacy also contains expectations regarding the likelihood of being successful at tasks and amid adversity [11], making it vulnerable to contextual factors that are outside of the control of the individual, such as availability of resources or access to health insurance. A negative self-appraisal has been linked to increased mental health issues and decreased perception of competence as a parent [55].

While studies have shown that general parental self-efficacy is associated with positive child outcomes of psychological health and adaptation, little is known about parental self-efficacy in the context of adversity [42]. Parents with high self-efficacy have been found to increased competence and responsiveness to the needs of the child. In contrast, parents with low self-efficacy have been found to have increased difficulty with parenting decisions, feelings of inadequacy, shame, and increased parental stress [51]. The perception of self-efficacy is linked to how a parent perceives their own and their child's experiences of adversity and adaptation.

Parental self-efficacy has been correlated to parental sense of competence, parental psychosocial functioning, and childhood socioemotional adjustment. Particularly interesting is that parental self-efficacy is of significant importance in adverse life situations. However, this is also the time where parents are likely to have a hard time feeling control due to the added stress placed upon previously existing resources. Research indicates that individuals who experience adversity are less likely to report feelings of self-efficacy, particularly when the adverse situation is something outside of their control [56]. High levels of parental self-efficacy has the potential to positively influence parenting behavior and buffer against the stress related to adverse life events, especially the effects of poverty [11]. Self-efficacy provides parents with the psychological resources necessary to manage adversity and productively engage with stressors. Conversely, individuals with low self-efficacy are more likely to disengage due to feeling that they cannot overcome the adverse situations with the resources available to them [57].

3.2 Resilience

Many individuals will experience adversity and will effectively adapt and move forward without significant disruption to their developmental or health trajectory. These individuals are often described as having resilience, internal and external qualities that lead to positive outcomes in adverse situations [22, 27, 29]. Often times, resilience is referred to as the ability to “bounce back” after an adverse life situation, however, this implies that an appropriate way to manage adversity is to be able to go back to a previous state of being [22, 58]. This may not accurately describe what occurs after adverse life situations. Other explanations of resilience include experiencing an adverse life event and not having it disrupt developmental trajectories in a negative way [59]. My preference when looking at adversity is to emphasize having gotten through a stressful life event and emerging from it with the knowledge that one can survive adversity and that the skills utilized can be applied to future challenging situations. This strength-based approach allows for an individual to recognize the skill set that now can serve as a resource for coping, building a sense of self-efficacy.

Resilience and adversity are both a natural part of the human condition. While it was once believed that resilience was only present in some individuals, this adaptation strategy can be taught and accessed under the right circumstances. The ability

to develop and utilize adaptive coping strategies is directly related to the intersection of environmental and personal factors that have been described throughout this chapter, and include the presence of self-efficacy and appropriate social supports to buffer the negative effects of stressors and to encourage recovery from adversity [16]. Adaptive coping strategies may be one way that resilience is demonstrated, however, resilience is a much larger umbrella that encompasses factors at the individual, family and contextual levels.

Resilience occurs at the intersection of risk and protective factors and allows individuals to navigate their way toward healthy adaptation strategies in the presence of social support mechanisms [16]. Protector factors, such as the presence of responsiveness, positive affect, effective parenting practices, social support, supportive kin relationships, and positive self-concept have been found to decrease stress reactions in children experiencing adverse life events [17, 60]. Park and colleagues found that adolescents who perceived stress as a growth opportunity had more positive responses to adverse events than those who believed that stress is detrimental [61]. The development of this mindset may be the result of examples that they have been exposed to of influential adults managing stress and adversity [61]. There is a great deal of research on identifying risk factors related to the development of maladaptive responses; however, an emphasis on targeted social support and systemic contextual factors may allow for protective factors to balance out identified risks. Risk factors for children such as parental mental illness, family discord, high-risk environments, lack of parental supervision, and poor school systems increase the likelihood that adverse events will impact developmental trajectories [60]. Macmillan and Violato found that the presence of two or more forms of parental adversity was correlated with unfavorable emotional and behavioral health [17].

Caution is essential when using the word resilient and when applying it to parents and children. The identification of an individual as resilient, while it is pointing to positive characteristics, is also creating a category of individuals who would not be considered resilient and, therefore, potentially less than optimal [48]. The expectation that resilience is a skill that can be taught to children by their parents and other influential adults while emphasizing opportunities for growth and buffering of negative outcomes also creates opportunities for stigma and criticism should a child not appear to be resilient [48]. Have these parents now somehow failed, should this marker not be met? The creation of additional opportunities for stigma and judgment should be approached with caution as there are always multiple sides to what appears to be a solution.

3.3 Parenting in context

One of key factors that assists in understanding the experience of parents in the face of adversity is the context in which they are parenting. Belsky's Ecological Model provides an understanding of contextual factors that influence parenting on many different levels, and how they combine in systematic ways to influence outcomes [3]. Belsky purports that there is not a linear path to child maltreatment and that parenting practices exist on a continuum between those that inhibit developmental growth and those that facilitate healthy growth and development [62]. This model requires moving beyond traditional research that has looked at individual factors to the inclusion of a parent's immediate context and also the broader community environment, society, and the systems within [2, 3]. Contexts therefore can be categorized as the individual, family, community and cultural milieus that an individual and family are embedded in [62]. A systematic approach makes room for the experience of cumulative adversity and co-occurring stressors and the influence that this has on an individual's functioning and parenting behaviors.

While society has expectations about right and wrong ways to parent, these constructs do not describe the situations in which parenting is occurring in the face of adverse life situations. Little is written or taught about the development of parenting competence in the context of adversity, making this a common yet poorly understood phenomenon. Belsky makes a distinction between placing an emphasis on development and emphasizing the context in which development occurs which helps to identify factors that may contribute to how someone comes to have the parenting skills and behaviors that they possess [62]. As discussed earlier, failure to recognize the context in which an individual is parenting leads to unrealistic expectations and the perpetuation of stigma and judgment.

When an individual experiences adversity, there is the potential for alterations in psychological and physiological functioning both in the short and long term [8]. These alterations can lead to changes in perception and action both on an individual and family level. Altered perceptions can influence how a parent views their capability to handle stressors, to manage their child's reaction to adversity, and their overall competence to parent effectively. Research has shown that contextual stressors and support are central influences on parenting behaviors and can mediate adjustment to adverse situations [63]. A parent's psychological stability can affect outcomes in a child beyond what is observed through parenting practices, with contextual stress playing a key role in reparation after adversity [63].

4. Social support and potential interventions

4.1 Social support

Social support that occurs in direct relationship to the stressor experienced has been found to increase the perception of positive adaptation and decrease stress [64]. While social support has been linked to improved outcomes in the face of adverse life situations, support that is tailored to the source of the stress, for example, parenting stress, has been found to have the greatest influence on reduction of stress and improvement in outcomes for both parents and children [64]. Crnic and Booth found when support services emphasized challenges faced in the parenting role, that this was useful in managing their child's behaviors [9]. Further family support, friendships and intimate support from a partner are helpful in buffering the adverse influence of challenges in the parenting role [9]. Perhaps of greatest concern is the abundance of literature that supports social support and the buffering effect in the face of adversity. Yet, studies that explore parents' experiences of adversity regularly report a lack of support and feeling isolated [49].

Social support is critical to parent success in the face of adversity, and it also increases the ability of children to manage adverse situations [65]. In fact, the absence of social support creates an adversity for children and parents [9]. Social support has also been shown to function as a buffer against the long-term effects of parenting stress. Further, a parent who has access to social support, particularly related to parental stress, can, in turn, provide similar support to their child. Social support can help develop resilience and buffer against the negative impact of adversity [3, 17, 65]. Social support increases an individual's sense of competence to cope with stressful life events and improves available resources, which helps to maintain healthy developmental trajectories [17].

4.2 Potential interventions

Parental self-efficacy and social supports have been found to be critical ingredients to adaptation following adverse situations. A parent's ability to regulate stress,

recognize the needs of their child, and interpret behavior are crucial to successful navigation of stressful life events [4–7]. Interventions should target the building of resources for parents that address multilevel contextual factors. While previous research has identified the significance of addressing both parent and child needs in the face of adversity [32], little guidance exists regarding how to cultivate self-efficacy and social support in parents who are experience adversity. Identification of parents and children who are at risk of distress related to adverse events and making connections to health care providers can decrease negative outcomes such as child behavior problems or lack of preparedness to enter school [32]. Parents who experience adversity have additional stressors than those that naturally exist in the parenting role and decreased opportunities to garner supports and resources. Interventions that focuses on increasing parental self-efficacy can have positive effects on the mental health of parents who are raising children with disabilities [53]. Behavioral family intervention programs that seek to address the multiple adversity factors such as the Triple P-Positive Parenting Program [66] have been found to be effective in families with child behavior problems by enhancing parenting skills and strategies, improving stress coping skills for parents, and strengthen support skills in families [6, 66].

Current interventions that target parents mainly focus on the management of children's difficult behaviors or emotions and do not target the experience of the parent [2–7, 17, 32, 33], particularly how they are affected by the adversity themselves. Interventions that provide social support targeted at the stressor will increase the resources that parents have available to them and allow for greater ease in engaging in the parenting role [64]. Social support can mediate parenting stress, thus increasing the likelihood of optimal outcomes for parents and children [64]. While many interventions exist to teach parents targeted skills and responses to their children [2–7, 17, 32, 33], expanding this to include a focus on parental well-being and health will buffer against the potential for adversity to increase parenting stress [11]. Emphasis on parental experiences will also allow for parents to be supported in their own emotional and physiological reactions to adverse situations and will decrease the pathologizing and judgment experienced [34]. Creating room for an emphasis on the parent's experience allows for focus on how to develop the skills necessary to read children's cues, respond effectively to distress in the face of their own responses, and assist in the development of behavioral and emotional self-regulation.

5. Conclusions

Adverse events have been shown to have an impact on health outcomes for both parents and children; however, it is not the events themselves that create negative outcomes. It is essential to recognize that the intersection between adverse life events and contextual factors, such as psychological and social support resources, is where the quality of outcomes is determined. When parents experience threats to their safety or security without opportunities for reparation, the potential for lasting negative impacts on development and health trajectory increases significantly. Social support and self-efficacy are important resources that can influence parenting stress and the experience of adversity [11]. Interventions that target the development of parental self-efficacy and target social support can substantially increase parents' sense of competence, satisfaction in the parenting role, and resilience for all members of the family.

Conflict of interest


The author declares no conflict of interest.

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Two Diverse Communities Who Are Refugees Transforming Their Parenting and Self Efficacy Skills through Early Childhood Education

Deborah Young and Nicole Sager

Abstract

In our work we studied the process of working alongside Afghan women who are refugees living in Colorado, and women living in two refugee camps in Palestine. By design, our work centers the participants as the key producers of knowledge. We set out to collectively discover, define, and understand parenting, child development, and family dynamics. Participants were invited to explore how their dreams for their children relate to early childhood education. Informed by participant input, we designed courses with culturally responsive and sustainable curriculums to increase the quality of care for young children. Our investigation sheds light on how parents reconcile different cultural experiences and prioritize their child's development while trying to navigate novel contexts of childcare, preschool, or public school. In addition, the courses women took provided a pathway to enter the workforce in early childhood care, development, and education (ECCDE). This chapter describes our participatory action research process and the introspection and growth of resilient women transforming their parenting and their lives.

Keywords: parent education, cross cultural parenting constructs, co-constructed knowledge, participatory action research, family transformation

1. Introduction

1.1 Stressors of being displaced

At least 79.5 million people around the world have been forced to flee their homes. Among them are nearly 26 million refugees and around half of whom are under the age of 18 [1]. The proportion of the world's population who are displaced continues to rise. One percent of the world's population, or 1:97 people, is now forcibly displaced. This compares with 1:159 in 2010 and 1:174 in 2005 [2]. The

challenges that refugees¹ face before, during, and after being displaced have serious consequences for families. Refugees have faced volatile situations in their country of origin that disrupt basic parenting functions, including protection of children [3]. Parents often feel they have lost the power to guide their children during the times of change and challenge [4]. In times of upheaval the transition from country and community of origin transforms parenting practices. Prior to the disruption to their lives, parents could focus on educating children and nurturing their health and development, whereas during and post conflict and upheaval parents' focus shifts to keeping their children alive [5, 6]. Families' challenges are often compounded by movement from camp to camp, long waiting periods for resettlement, and lack of resources and cultural capital upon arrival to a new country. The processes of adapting to new cultures require and foster remarkable resilience. The National Child Traumatic Stress Network defines acculturation stress as a stressor refugee children and families experience as they try to navigate between their new culture and their culture of origin [7]. Examples include:

- Conflicts between children and parents navigating between new and old cultural views
- Conflicts with peers related to cultural misunderstandings
- The need for translation for family members who are not fluent in English
- Difficulty fitting in at school and the workforce
- Struggle to form an integrated identity including elements of their new culture and their culture of origin

In addition children and families experience isolation stress as minorities in a new society and country. Examples include:

- Feelings of loneliness and loss of social support network
- Discrimination
- Experiences of harassment from peers, adults, or law enforcement
- Experiences with others who do not trust the refugee child and family
- Stereotypes are often negative or based on deficit notions
- Feelings of not fitting in with others
- Loss of social and economic status [7]

Refugee children experience complex trauma stressors that can disrupt many aspects of their development and identity formation. In addition to complex trauma, refugees also experience mass trauma. The nature of modern warfare is

¹ In alignment with the United Nations Relief and Work Agency (UNRWA), we define a refugee as one forced to flee their countries of origin due to well-founded fear of conflict and persecution stemming from racism, religion, nationality, or membership in a particular social or political group. They either cannot return home or are afraid to do so.

such that whole communities (and at times whole populations as in the case of the Palestinians) are put in vulnerated² situations of witnessing and/or being exposed to extensive trauma, injustices, loss, and displacement. Thus, there are few, if any, emotionally regulated adults available to support the child through these events. Many adults and children, when fleeing, are worried about the safety of family members and friends or the death of a loved one. Children may react differently depending on their age and prior experiences. The length of recovery depends on the individual circumstances of the child, the family, and the community [8–12]. Refugees commonly experience sequential stresses that may compound over prolonged periods of time. Parenting in a new country and culture involves additional stresses including discrimination, ongoing situational trauma; shifts in family roles; separation from extended and/or nuclear family members; language barriers; cultural differences regarding “good” parenting, education, child care, and the navigation of workforce, and health care systems. Cultural differences in what is considered “good parenting” can be a particularly difficult aspect of resettlement as parenting and child development is not universal [13, 14]. Parenting and child development is contextually and culturally informed embedded with symbolic culture. Symbolic culture is the set of symbolic systems people use to communicate associated meanings to make sense of the human action system.

Individuals navigating the aftermath of international emergencies such as armed conflict and war need psychosocial support. Many conventional psychosocial tools and approaches can be used in ways that cause unintended harm. Particularly problematic are approaches that lack cultural and contextual understanding and sensitivity with no/minimal focus on capacity building. A continued focus on deficits and victimhood can undermine empowerment and resilience. Through our work in partnership with three communities, two communities living in refugee camps in Palestine (Camp 1 and Camp 2) and one community of Afghan refugees living in Colorado (Colorado group), we have learned that unsustainable, short-term approaches that breed dependency, create poor results and can actually leave participants in a worse place than before they participated in the program. Even in favorable conditions parenting is a complex and central issue for all families and those maneuvering relocation and life in refugee camps face additional challenges. In this work of supporting families it is critical not to impose outsider approaches of what child development and parenting “should” look like, rather the group should co-create a contextualized understanding of brain development, child development and stress responses [15]. We have found that using a foundation of social harmony, rather than individualistic and private methods yields better long term results in the communities we worked with. Fostering collaborative learning structures, prioritizing transparency of the entire process and involving individuals with different roles in the family lends itself to critical self and group reflection processes and context-specific solutions.

1.2 Parenting and the importance of parent education

Growing up with nurturing parenting practices enable children to acquire the abilities to become responsible caring adults and citizens of their society. Parenting comes from the people who are most intensely involved with children.

² We embrace the term vulnerated and reject the term vulnerable so as to reframe/reclaim language that situate people in historical/societal contexts. This term recognizes how groups that are different in race, religious creed, nation of origin, sexuality, and gender have diminished power and voice compared to other members or groups in society. This aligns with the term Minoritized referring to people labeled as belonging to a group that is mistreated or faces prejudice, is discriminated against due to circumstances outside of their control.

Yet, parenting education receives little support or recognition in Afghanistan or in Palestine. In the United States (U.S.) parenting education has become more available in the last decade, however, the focus is for families who are at risk which is defined as low income, limited formal education, single headed households, pregnant teens, parents who have experienced substance abuse, or households with reported child abuse or neglect. In the U.S. parenting education is still not widely available for all families [16, 17]. Often parents can feel isolated and without adequate support networks and this is exasperated with parents who are refugees. Little formal parenting education is available, and informal parenting education often involves fees or requirements that are difficult to meet. Holistic and comprehensive parent education programs that can reconcile differing beliefs and behaviors concerning child-rearing practices; affirm positive parenting practices; and adopt a strengths-based orientation have shown that most parents can benefit from some guidance in order to do the best job they can in raising their children [18, 19]. Parenting education can include family management concerns such as setting clear expectations for parents and children, consistent guidance and discipline strategies, and a plan to monitor healthy growth and development. Research has shown that children raised in supportive, warm, affectionate homes in which there are clear and consistently reinforced guidelines, are less likely to engage in at-risk behavior, be more happy, and are more likely to be successful in culturally appropriate ways [20–22].

Often the resilience and internal and external protective factors are associated with the negative experiences of the refugee. Seldomly highlighted are the remarkable strengths and resilience that families demonstrate in spite of the adversity they face. We posit that understanding, centering and valuing this positive adaptation in the face of significant adversity is an essential starting point to collaborate with the families and the individuals who have experienced complex, cumulative, and mass trauma [23]. For the participants in this study, parenting is closely associated with identity. Most current interventions for refugee parents are designed to help wrap around services in access to health care, language immersion, housing, and education for their children. However, parenting and cultural interconnection is rarely integrated into these services [24]. The families in the two communities come from a cultural community where extended families live close by or with the family and their elders provide advice. When young parents had questions about child-rearing they would usually have an extended family member.

1.3 Understanding parenting across cultures

Symbolic culture contains paradoxical possibilities in that accepted fictions are many times equated with facts. The symbolic culture is dependent on subjective belief, the facts are true only while we believe in them, and once the belief is suspended the facts dissolve. Symbols cannot exist outside of the meaning people imbue to them. Understanding how symbolic culture contributes to the complexity of the human condition is necessary to understand the foundations of cross-cultural research [25]. For instance in the US, “parent involvement” is symbolized as involvement in the child’s school (volunteering in the classroom, assisting with homework, communicating with teachers, attending parent teacher conferences) yet refugee and immigrant parents may have other ways of being involved with their children that could include cooking for their children, providing clean and maintained clothes, involving the children in chores at home, and teaching them social skills and religious values. Globalization imposes homogenizing pressure on notions of parenting and refugee parents are constantly navigating multiple cultural systems and adjusting their identities as a way to cope with the changing living situations.

Parenting is an important path for the transmission of cultural norms and societal behavior and refugee families often develop bi/multi cultural identities. Bi/multi cultural family and identity formation occurs when one part of an individual's identity is rooted in their culture of origin, while another part embraces the dominant culture where they are currently located [25]. This process is not always seamless and identity confusion and disconnectedness can emerge and undermine the culture of origin [25, 26]. This confusion can impact parenting practices and parents' and children's sense of belonging as they navigate a changing lifestyle. Refugees often feel alienation and the sense of deterritorialization is not just about the physical location the refugee is forced to leave [27]. Deterritorialization also negatively impacts communities' psychosocial and emotional wellbeing.

Although recent advances have been made in understanding the scientific underpinnings of the biology of adversity [28], interventions have yet to be designed to mitigate the impacts of toxic stress and complex trauma specific to children and families living as refugees. Toxic stress is severe, frequent, prolonged, and or chronic. It can cause lifelong developmental and health problems and can negatively impact interpersonal relationships between parents and children. In addition, toxic stress can disrupt the development of brain architecture of a child, which increases risk factors as an adult. When toxic stress is compounded by community trauma such as a natural disaster or conflict, community members may be impacted in different ways, where by some are traumatized and will exhibit symptoms [29–32]. Many of the family's voices have been vulnerated and marginalized due to sociopolitical situations, language access issues, and economic positions within the communities they reside [33, 34]. Individuals living with the chronic sources of mass-level trauma, toxic stresses, anxiety, and fear need spaces to heal and sculpt their lives.

Research has shown how parent education has the potential to shift the developmental trajectories of young children who have witnessed or experienced adverse situations [35–38]. Parent education has the potential to provide that space provided it stems from a culturally-informed, asset-based lens that centers and values the lived experiences of the parents. The topic of parenting education with refugee families is an under-researched topic. With the increase of refugee and immigrant populations around the world, and the high proportion of refugees and immigrants being children, understanding this topic is extremely important. As we have outlined above, refugee children witness and/or experience multiple adverse experiences and they communicate the confusion that stems from these experiences through their behavior. There is little literature on international parenting education curriculums. We have found that the most commonly used conventional parent training paradigms typically promote western, white, middle-class standards and may not adequately meet the unique needs of the refugee population. The paradigm from which we operate differs in that the participants had the influence to adjust and remodel the curriculum to align with cultural values and beliefs [39]. In Palestine, through an iterative and collaborative review process of continuous discussion and reflection, the team provided specific cultural knowledge that was taken into consideration as they designed the child development courses and the home visitation programs. In addition to a participatory action research approach, Bronfenbrenner's family system [40] and community-based methods were used. Using the local teams' context and cultural systems of knowledge, the team adapted the Partnership in Parenting Education (PIPE) "Listen, Love, Play," which focuses on listening, trust, language, problem solving, feelings, and how babies learn. Unique culture and contextual characteristics in Palestine included (a) parents do not typically play with their children (b) many parents had an attitude of "just tell me what to do" that seemed to stem from the school system

reliance on memorization and there is a “right” way of doing things (c) many of the women were not able to take part in outside activities that did not have approval of husbands and/or mothers-in-laws (d) women are responsible for child rearing, (e) for the most part activities were provided in same sex groups, (f) children and adults were not inspired to read recreationally, (g) if there were problems with the children it was because the mom was a “bad mom” and (h) there was an absence of talking about emotions.

Another difference stems from the fact that parenting and home visitation programs used in the west require trained professionals to deliver the home visitation program, whereas in one of the interventions in the Palestine study, the team trained community members in the content using input from community members, mostly mothers, only a few were professionals, and youth from the community. This not only built capacity within the community (minimizing dependency on trained professionals from outside their community) but also addressed the empowerment and self efficacy of the community on an individual level, family level, and community level.

In the case of the Colorado group, a requirement to receive funding for home visitation or parenting classes was the use of “evidence based” home visitation programs from The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV). The measures for success used by the MIECHV programs include

- Improvement in maternal and newborn health
- Reduction in child injuries, abuse, and neglect
- Improved school readiness and achievement
- Reduction in crime or domestic violence
- Improved family economic self-sufficiency
- Improved coordination and referral for other community resources and supports [41]

Several of these measures are not all contextually or culturally relevant to the Afghan community with whom we worked. For instance, there is no mention of addressing ongoing trauma from living in refugee camps, being forced to flee, or experiencing ongoing conflict and discrimination on an individual, family, and community basis. Defining maternal and newborn health is relative to context and culture. Improving family economic self-sufficiency is often constrained by external factors and parenting education and home visitation programs cannot address systemic discrimination. Therefore, measures for success needed to be developed by the community themselves.

The Colorado groups continue to develop measures of success as we move forward in the program. The program has also been funded to extend to four other refugee cohorts and includes refugees from Syria, Iraq, Sudan, Burma, The Democratic Republic of the Congo, Burundi, Rwanda, and the Central African Republic, representing five major language groups. Each group has different values and beliefs regarding family and parental roles, child rearing. They also differ in the extent to which they can attend parenting education classes. All of the groups wish to increase their knowledge of child development and increase their opportunities to enter the early childhood workforce. The current Colorado group study continues to use focus groups, key informant interviews, and surveys as the

methodology to investigate participant views on child rearing, child development, young children's behavior/misbehavior and how to uphold cultural values via parenting strategies. Key to understanding the details of our work is contextualizing the uniqueness and commonalities of the communities in our study. All the communities in the study are refugees who were forced to leave their homeland and have had severely adverse experiences.

2. Participant context

2.1 Palestine

The Palestinian experience of dispossession and loss of a homeland is marked on May 15, 1948. During a 2 year time period leading up to May 15, 1948 around 750,000 people were displaced. Palestinian history was destroyed, cities and homes occupied, and over 15,000 people were killed. The wellbeing and human development of four generations of Palestine refugees have been impacted by displacement and loss of livelihood resulting from the 1948 conflict. Unlike other populations who are refugees, there has been no hope for return in the last 70 years. Resettlement and or living in the refugee camps are the alternatives. Today, there are about 7.98 million Palestinian refugees and internally displaced persons who have not been able to return to their original homes and villages. Currently the United Nations Relief and Works Agency (UNRWA) for Palestinians in the near East provide assistance and protection for about 5.6 million Palestinian refugees. The General Assembly of the United Nations has repeatedly renewed UNRWA's mandate extending it until June 2023 [42].

2.2 Afghanistan

Since December 1979, continued waves of conflict and violence have forced successive generations of Afghan people to seek sanctuary elsewhere [43]. There are about 5 million Afghans outside Afghanistan, of whom 2.7 million are registered refugees. After four decades, the uncertainty of their future is continuously impacted by upheaval and the fear of growing international uncertainty. The international community has fallen short in meeting basic needs and ensuring the dignity of Afghans in countries of refuge. Large numbers of Afghan refugees began arriving in the United States in 1980 in the wake of the Soviet invasion. The vast majority of Afghan refugees in the United States arrived here not by choice, but rather out of necessity, as they fled warfare in Afghanistan. Many were educated professionals in Afghanistan, yet it was nearly impossible to obtain work in the US. This perpetuated their sense of being aliens in an unwelcoming land [44]. Although Afghans who have been in the U.S. for many years are more accustomed to U.S. culture, there has been little assimilation of Afghans into the American mainstream [45, 46]. Afghan refugees are still allowed entrance to the U.S on special immigrant visas and many have been interpreters or security officers for the U.S. military.

2.3 Group commonalities

For both groups, religion informs parenting in important ways [47]. As practicing Muslims, their daily lives are inspired from religious beliefs and values including respect for elders, modesty, humility, hard work, perseverance and a disciplined life [48, 49]. One major aspect of parenting inspired by Islam is the belief that children are the gift of Allah and the parents' role is to guide children in learning to

differentiate between right and wrong. Obedience and respect for elders is deemed important for maintaining moral and social order. This differs from more individualistic orientations that often lead parents in the US to cultivate independence and critical questioning. When conflicts arise between the values of the new communities and their beliefs, the mothers stated they share their opinions, provide advice, and act as role models to ensure their children adhere to the family rules based on their religious and cultural practices [49].

Both groups demonstrated differential parenting practices for their male and female children. Parents of girls are told that they are typically at a higher risk of losing their honor if their daughter does something that does not fit with the social norms and expectations. General goals around parenting that seem to be culturally shared include protection of children, support through developmental stages, guiding the development of morality and ethics, maintaining good health, and moving towards achieving economic stability and happiness. The ways in which parents achieve these goals are driven by culture, economics, politics, geography, religion, and other symbolic culture. The following sections outline the participatory action research (PAR) approach, an explanation of the sampling methods, data collection and analysis, the programs developed for each group, a discussion of lessons learned, recommendations and future directions.

3. Methodology

3.1 Participatory action research approach

PAR is a community-led (distinct from community-based) research stance that aims to describe and understand, rather than to predict and control [50–53]. PAR provides a way for researchers and community members (who become research team members) to work together to define the problem, take action, and evaluate the impact and effectiveness of the interventions. PAR is an internally reflective, complex practice driven by social change and personal transformation through high levels of community ownership [51, 54]. Through the process of PAR people experience the empowerment and transformation that stems from participation and informed decision making [55–57].

The PAR approach is a bottom-up approach that can strengthen current early childhood systems because it centers children, families, and communities lived experiences. The imposition of uninformed, and often culturally inappropriate approaches can be avoided when local members of the population form part of the research team. When researchers outside the population work alongside community members as shared research team members, they can avoid common pitfalls such as: (a) contextual insensitivity (b) the inappropriate use of various research methods (c) the use of an individualistic orientation that does not fit the context and cultural systems of the community (d) an excessive focus on deficits and victimhood that can undermine empowerment and resilience and (e) the use of unsustainable, short-term approaches that reinforce dependency.

When local members' culture and lived experiences inform the study, the research results in critical self-reflection, greater specificity in ethical guidance, and a stronger basis for developing interventions and activities that support the well-being and thriving of young children and their families [58]. Kemmis and McTaggart state PAR is a "collective, self-reflective inquiry undertaken by participants in social situations in order to improve the rationality and justice of their own social. . . practices" (p. 5) [58]. Traditionally, definitions of quality, and for this study, early childhood care development and education (ECCDE) quality,

come from “experts” typically from western industrialized nations and are based on quantifiable data where quality is considered to be inherent, identifiable, and universal. PAR is in direct contrast where the dominant vision of quality of ECCDE is not universal, rather it is variable, contextual, and requires negotiation among different viewpoints [59]. Gilbert’s [60] view is that qualitative researchers aspire to uncover the world through another’s eyes. In contrast to deterministic research paradigms, PAR allows for learning to emerge by providing the framework, opportunity, and facilitation for communities to learn and grow together. By providing the foundation of research knowledge/skills, and early childhood content, we set in motion an iterative discovery process of investigation and growth. This research seeks to impact the personal, the local, and the policy levels.

3.2 Snowball sampling

Snowball sampling is a kind of self-selection sampling used to allow individuals as well as civic societies to choose to take part in study on their own accord. This method was utilized in our study to leverage the social networks of participants so as to gain further access to an ever-expanding source of potential participants [61]. In our study, those who heard about the activity, voluntarily wanted to join and then brought others with them. When the nature of the work is exploratory, qualitative and descriptive, snowball sampling is particularly appropriate for discovering the lived experiences of groups who might not be as readily accessible using other sampling methods [61]. In our study, community members initially visited several households in the community to inform others about the possibility of participating in initial focus groups that explained the purpose and approach of the study. Community meetings were held where parents, grand parents, children, and community leaders attended. From the initial focus groups, organized and facilitated by community members, additional interested subjects were identified and joined.

3.3 Data collection and analysis

The study and projects that we sought to analyze were complex; occupying culturally and contextually diverse spaces and bringing together people occupying different levels of power. An analysis approach focused on understanding complexity rather than pursuing a reductionist understanding of phenomena was better suited to capture the dynamic processes and multiple outcomes. We used methods for triangulation both to confirm the data we collected through multiple collection methods and to ensure that multiple perspectives and tensions were accurately understood [62]. The team used participatory analysis processes methods so that determining how beneficial the outcomes were was directly informed by the participants’ criteria of positive impact. Thus accountability was internal to our process [63]. The participants from the community and the university engaged in the analysis process as co-learners and co-creators of knowledge. This assisted in the inclusion of multiple distinct perspectives. Participants were continually encouraged to set agendas, ask questions, own the process and outcomes, and validate the learning that emerged [64].

Ongoing throughout the study, analysis was co-constructed by the team and participants to account for the various locations of power and those dynamics. During the initial phase of the study, the outside members, community participants, and local academic partners identified vocabulary and roles. The Palestine group elected to use the term “research team members” and included all participants who were involved in the design, implementation, and ongoing analysis of the study. We did not differentiate between primary investigator or partner organizations. The people

who received the project interventions including home visits and story hours were identified as recipients. The Colorado group chose to refer to all participants from the community and outside organizations as cohort members. We continue to use the term cohort because after the initial cohort shared their learning and impact, further funding was secured to expand the project to other refugee communities and we are currently working with three additional cohorts.

The research team members did acknowledge issues of power and privilege and tried to accommodate so voices typically silenced in heterogeneous groups were heard. For example, in Palestine when we held meetings, we first held conversations in homogenous groups such as age, gender, mothers, mother-in-law's. We then followed up with heterogeneous groups using more members in the group from a group perceived as having less power. During the meetings the numbers of female youth were higher than mothers and there were more mothers in the groups than mother-in-law's, and even fewer members from the organizations and university partners. The outside members of the group were typically the note takers and added their understanding and ideas during the analysis process after initial analysis from community members took place. At every turn intentional practices were implemented to squarely shift the locus of control away from conventional societal norms. This process not only provided a space for many voices to be heard and valued, but also supported the development of confidence, agency, and increased self-esteem; all factors that contribute to resilience and empowerment [65]. This strengthened the local community members' participation. In other words, the analysis processes are part of the outcomes.

The Colorado group had similar experiences; the analysis team included the mothers from the cohort and the two representatives from the two initial nonprofit organizations. The new cohorts currently starting the program include more partners in the analysis process. State agencies, state level nongovernmental organizations (NGOs), various colleges, funding agencies, and an outside evaluation contractor are also involved. The addition of new partners has led to new strategies to ensure that community participants continue to be part of the analysis process. Reflexive dialog is an instrumental part of the analysis process to ensure learning is the focus rather than accountability and participatory analysis can enhance the validity of data [66]. Participant analysis allows for complexity and fosters buy-in, thus enhancing quality of the analysis. In addition, Freire's idea is of how naming, critical reflection, and informed action are interconnected and crucial for transformative change [52]. Foundational to PAR is discovering ways to change power relations, elevate voices that are typically not heard, and forge pathways for participants' to realize their agency. Therefore, the evaluation process must also be participatory and transformative so as not to replicate the very dynamics of privileging certain voices over others, especially when the study aims to address the parenting and early childhood care practices impacting children who are refugees [52, 66].

Our investigation aimed to shed light on how parents reconcile different cultural experiences and prioritize their child's development while trying to navigate novel contexts of childcare, preschool, or public school and cultural constructs around parenting. We explored how the identity of parents influences parenting practices, involvement in parenting education, and parental decision making. Our data analysis procedures were primarily informed by the outcome harvesting approach [67]. Unlike other evaluation approaches, outcome harvesting does not necessarily measure progress towards predetermined outcomes or objectives. Rather, the evaluator collects evidence of what has been achieved, and works backward to determine whether and how the project or intervention contributed to the change. In this sense, the approach is analogous to sciences such as forensics, criminal justice or archeology.

There were two groups from two different refugee camps in Palestine and one group of refugee women from Afghanistan living in the U.S. Participants in all groups were mothers of 6 months to 6 year-olds. The outcome harvesting framework helped us understand how the contributing factors influenced the results. The first cycle of data was generated in community meetings, focus groups discussions and semi-structured key informant interviews. Those data were analyzed to determine participants' priorities and from there, the team designed parenting education to support the families' ideas and orientation toward parenting. This parent education included culturally relevant modes of supporting protective factors such as knowledge of child development, social connections, concrete supports, and parental resilience. The following sections outline the parenting and ECCDE programs that unfolded cyclically as we involved participants in devising our collaborative learning experiences.

4. Program implementation process and results

4.1 The Palestine program

The study in Palestine emerged from conversation with the director of the camp's women center in collaboration with a small team of professors from educational sciences, medical, and social work departments and the first author on a Fulbright Award. Several students from the department also joined the team. The women's community center in the refugee camps asked the team to meet with mothers from the community to talk about early childhood opportunities in the camps. There were no programs for mother's to learn about parenting or early childhood development and the women sought information and skill development beyond the family to deal with behavior challenges. During the initial meeting 28 mothers attended the study's Camp 1 site and 18 attended in Camp 2 site to share their story, concerns, and desires. The culmination of the first meeting the team and the women agreed to hold further meetings to share information about child development and parenting strategies, and design programs that could be suitable for their community.

Advertisements and the first line of information were through civic organizations and local university connections. Initial advertising for volunteers took place via announcements through local civic organizations interested in supporting the study and through connections with professors from the University and students living in the refugee camp sites. Selection for acceptance into the study was based on a preference for those who could commit to participating for at least 6 months. Community meetings were initially conducted with 68 community members from the first site (Camp 1) and 42 community members from the second site, (Camp 2). In addition, 18 key informant interviews were conducted with moms of ages 16–41. The participants in the study lived close to families of a shared cultural group and similar experiences. All participants were mothers and the fathers' perspectives were brought into the discussions through the mothers' lens.

The need for early childhood education and care in refugee camps was one of the women's priorities when deciding their strategic plan for the next 1–3 years. UNRWA provides primary and secondary education schooling, preschool is not provided. Unemployment is around 25% for the West Bank due to the persistent challenge of the Israeli military occupation as well as a cultural mindset of preferring mothers to stay at home with the children rather than work outside the home [65]. The camps in the study and throughout the West Bank are very densely populated (155,462 per sq. km in Camp 1 and 166,666 per sq. km in Camp 2) [68]. Unemployment and

overcrowding are severe issues with a stark absence of play spaces for children. Poor shelters and cramped living conditions offer no privacy for residents in their personal lives, adding to the residents' physical and psychosocial strain. Only 34% of children are in Early Childhood Care and Education, and only 47% engage in childhood development activities in the West Bank. These numbers are even lower in the refugee camps. Children fortunate enough to be enrolled in early childhood education and care programs face overcrowding, book shortages, poor ventilation and a lack of adequate space [69]. The needs in the refugee camps are dire compared to those in the nearby municipalities.

Meetings continued for 1 year and the team developed home visitation programs and story hours. Social workers, teachers, youth, mothers, and mother-in-laws from each of the Camps participated. The initial workshops worked on identifying key issues around early childhood and multiple ways of addressing the issues. To help participants prioritize early childhood topics participatory methods such as problem trees, Kegan and Leahy's *Immunity to Change*, [70] community mapping, priority and ranking exercises were utilized. In addition, training on brain development, using *Zero To Three Growing Brain* curriculum [71]; child development coupled with home visitation skills using *Partners in Parenting Education (PIPE) Curriculum* [72], and the *Brain Architecture*, from the Center of the Developing Child Harvard [73] were provided. Both curriculums are easily adapted to cultural and contextual situations. PIPE is situated in trauma informed relationship building between adult and child and is play-based.

Weekly meetings were held for the first 2 months while participants worked in pairs and trained to start home visits in the Camps. Home visits and story hours continued in formal and informal ways for the remainder of the one-year study. Story hours were provided by a few members from the team along with youth from the camps. Story hours was a response to one of the identified priorities. Young children did not have safe places to go to for socialization and the children needed support in literacy and numeracy. Due to major funding cuts in UNRWA, teachers had to be laid off and the class sizes doubled, with some class sizes over 60 students. Individual attention is very challenging when class sizes are so large. Story hours provided a venue where children had fun learning about language and literacy. Numeracy was also included via games, and children were learning culturally appropriate ways to socialize and play. Female youth from the camps were very interested in the information about child development and fun ways to learn literacy and numeracy. In Camp 1, eight youth became part of those who provided story hours and 12 joined the home visitation teams.

4.2 Palestine results

During the study, team members met weekly to reflect on the activities and how they were supporting our progress towards the identified goals. If deficiencies in the implementation of the training were identified, decisions were made on how to course correct. For instance, after the first 2 weeks of home visits we realized our organizational system for data collection was not functioning as planned. The field notes team members were taking were not sufficiently articulated to identify some of the important information needed for the study. Thus, we decided to role play and from the role play the team decided to create a checklist with important items that needed to be identified and modified the note-taking protocol. Each folder would then be prepared with the labeled paperwork prior to the visit and team members could focus more on the content of the visit, than the organization of the field notes from the visit. During the review of field notes, each pair switched folders with other pairs so that team members were reading different field notes. Each pair made

comments and asked questions for clarification. This strengthened the team's ability to take detailed notes and they started understanding the importance of reliability. The amount of field notes taken can be an all-consuming activity and can grow to a substantial database of notes. Each week part of the analysis process was the organization and identification of patterns and shared themes. The coding process of assigning meaningful labels to elements of field note and other recorded information was taught to and practiced by the team. Constant and frequent analysis and coding were necessary, not only due to the sheer quantity of field notes, but also to inform the team how to proceed. Eventually patterns of behavior and patterns within households in the community emerged.

The team broke down the data into manageable pieces, then sorted and sifted through the data sets, searching for patterns, sequences, processes, and aggregates. The aim of the analysis process was to assemble or reconstruct the data in a meaningful or comprehensible systematic manner. Coding was the primary step taken during the analysis to organize, categorize, and make sense of the data. The team members found the analysis process quite arduous. Coding was not a mechanical or technical exercise, rather it was a dynamic and creative process using inductive reasoning, thinking and theorizing. As the team members gained experience through the process of coding, a deeper understanding of what they had been studying developed; simultaneously, the research team members continued to refine their abilities and their interpretations. During the team's weekly sessions they coded that week's data by identifying patterns regarding the effectiveness of their implementation. In this way, they identified gaps that still existed, discovered new concerns, and developed recommendations for adjustments to the implementation process. The following findings were derived from the coding and analysis of field notes generated from self-reports from the mothers and other family members or observations from the home visiting pair.

Mother's from both camps reported an increase in knowledge and skill in their relational building skills with their children and with other family members. Tabulation of field notes showed that 80% of mothers reported playing on the floor for the first time with their infants and 60% of those mothers reported that fathers joined them. Over 80% of the mothers reported they felt more confident in attending to children's challenging behaviors, as they had a greater grasp of child development. Importantly, they demonstrated the ability to show compassion once they had understood that the child was emotionally out of balance and not necessarily trying to "be bad" or "manipulate" the parent. When the mother-in-laws were positively involved, there was an increase of family involvement and intentionality in raising the child collectively. In the cases where mother-in-laws were not supportive, over 65% of the mothers could not continue to receive further home visits after the first six visits which they had initially signed up for. Eighty percent of the mothers reported higher levels of self efficacy in terms of parenting. At the onset, less than 20% reported having the knowledge and skill to deal with their children. Sharing the knowledge of child development together with simple ways to play with the young child, multiple strategies to deal with conflict, and mindfulness practices to help regulate one's nervous system, 45% of the mothers stated that extended family members were able to align in their parenting strategies rather than engage in conflict around differences in parenting strategies or blaming the mother for the child's challenging behaviors. Sixty percent of the mothers reported that learning about brain development and mindfulness practices were most helpful to understand their reactions to their children. The mothers reported a change in their ability to observe the situation, mitigate their own stress, and more appropriately guide the child to the desired behavior. In over 60% of our meetings the topic of tolerable and toxic stress emerged. Thirty-five percent of the fathers reported that they wanted to be

an active part of the child rearing. The role of the father in terms of child rearing is changing, partly due to the continued arrests of young men by Israeli military and partly due to changing mindsets of the younger generation. Participants and the university team members were very interested in understanding their own stress. Participants learned to recognize and understand stress-induced behavior in adults and children, and understand how to activate the parasympathetic nervous system in order to better manage tension.

Team members from the university reported an increase in understanding the living situation of the families living in the camps. The team became open to identifying the stereotypes they held, such as high community and domestic violence, neglect of the children, lower value of education, and low hygiene levels. At the onset most of the team members reported that they were afraid to enter the camps. Every team member from outside the camp reported the experience contradicted the stereotypes they held. This mindset shift opened doors between the university and the camps to more collaboratively work together to address unique issues that families face living in such overcrowded spaces with increased Israeli force violence such as demolitions, harassment, and arrests. The Camp 1 site had weekly encounters with Israeli forces, while people living outside the camp heard of the incidents but were not individually impacted by most of them. Collective impact of the occupation increases with each incident and the understanding of how stress impacts the brain was noted as some of the most valuable aspects of participants' learning.

Many of the parents living in the refugee camp stated they were not sure how to play with their infants and toddlers. Understanding that play is important in the development of children expanded their understanding of the importance of play in child development. Converging evidence shows that play is key in building children's coping skills as the interactions during play support the development of regulatory abilities. Play can help children cope with adversity and traumatic events and provides a context that supports resilience, the ability to work through changes, challenges, and toxic stress [74–76]. Parents have a critical role in fostering the kinds of culturally and contextually appropriate playful experiences and interactions required for children facing adversity. Demonstrating, modeling, and providing videos for analysis was embedded in each week's workshops and home visits using the PIPE curriculum. The videos typically showed role plays of the teams practicing the home visitation. First individually, and then as a group the women analyzed the role plays, provided feedback, and worked through adjustments to increase their skills, accuracy of knowledge, and effectiveness of their visits. Practicing these participatory methods proved to be essential as they were most accustomed to rote learning educational methods.

Other compelling aspects of transformation include opening pathways for capacity building in the community. For instance, one of the community members who were a trained nurse who had not worked for over 15 years, co-taught the classes with me. Her interpretation and cultural mediation of the knowledge and parenting skills used in the curriculums was key. She now has entered the workforce as a home visitor for an early childhood program and works with children living in the camps. Gaining this position was thanks largely due to word of mouth from the mothers whose children attended the program. Another example of capacity building is a male graduate student participating in the study who not only became an advocate for fathers, but also provided weekly story hours for children in the camps. Yet another example is how one male professor connected with the several Imams to talk about the importance of fathers' understanding of child development. Through these talks in the Mosques many of the fathers became more involved in what the mothers were learning.

4.3 Colorado program

The Colorado group emerged when it came to light that the state agency in Colorado responsible for collecting data on early childhood program availability, access and quality was surveying people solely in Spanish and English. It quickly became clear that refugee and immigrant voices who are not Spanish speaking, were not represented. An Early Childhood professional, the first author was mentoring an Afghan woman at the time and organized focus groups in collaboration with two local nonprofit organizations. Focus groups with families who are refugees in four different areas in the Denver metro area were held in the participants' preferred language.

The stories and challenges reported included limited access to quality programs, discrimination, mistreatment of their children (that in some cases led to suspensions and expulsions), warranted fear of bullying, a mismatch of beliefs and values, including foods and eating habits, cleanliness, social harmony and independence, and self reliance. The women described how once they entered the US, they had fewer resources, dramatically worse living circumstances, problems providing for children, navigating unfamiliar cultural expectations, and guiding and disciplining their children.

To address some of the concerns that emerged from the focus groups Empowering Communities Globally (ECG) and Family Lutheran Services Rocky Mountain (LFSRM) continued conversations with 20 of the women involved in the focus groups. We looked at how we could provide sessions designed to help parents cope with stress and emotions and work on ways of guiding their children that bring family members closer together. Engaging the mothers, using problem trees and ranking tools, several priorities emerged. The top priorities were to: find child care for their children, enter the workforce in a field that aligns with their cultural values, learn English better, and continue their education with a majority of wanting to take college courses.

The two organizations explored various pathways to enter the early childhood workforce, as the early childhood workforce aligns with the values and culture of the women. We were able to forge a pathway that was willing to accept a community cohort based model. Although there were some workforce pathways offering coaching and tracking of the requirements, no pathway offered a community based cohort model. Since a strong cultural value is social harmony, it was important for the women to enter and move through the pathway together. In this way, not only could the women support one another, but it also reduced competition/suspicion of being left out or receiving differential benefit.

There were four focus groups conducted, each with 12–18 participants. In addition eight key information interviews were taken with moms between 22 and 32 years of age. Participants lived close to other families of a shared cultural and linguistic group and similar experiences in Afghanistan and their relocation to the U.S. All participants were mothers and the fathers' perspectives were brought into the discussions through the mothers' lens and at times the father/husband would join the group to ask questions or to see what the class was teaching.

We started our journey with the *Growing Brain* training [71]. Several of the women in the group spoke English proficiently and became the interpreters and cultural mediators for the presentation of early childhood content. All the women reported it was the first time they learned about early childhood development and early childhood brain development. The training focused on the lived experiences of the group, including living and growing up in war, going to (and fearing attending) school during war, raising children in war, and having to flee to the US knowing they may never see their family and friends again. During the class all

participants came for every class and completed all homework. The participants formed learning communities of three to four people who studied, read articles, and wrote summaries together. Learning communities also met together once a week. This provided a planned and structured time to do the homework. The women wanted this so they could coordinate with someone to watch their children so they could focus.

4.4 Colorado results

Reports from the participants on how they viewed their children's behavior and how they responded shifted during the training. The reports overwhelmingly demonstrated their new understanding of how children's behavior is a communication of stress behavior rather than misbehavior. The training gave the women more communication skills and coping mechanisms for themselves. They reported they were able to bring more compassion to the situation. Lastly, they reported the time with their children was more meaningful and joyful. One testimonial, "I feel more empowered, I have positive ways of doing things with my children and family, and I feel like things are working better for me and my family."

From their earlier work, emerged The Pamoja Early Childhood Education (ECE) Program. Pamoja is an early childhood-focused lead teacher certification program for refugee women in the Denver metro area. The program prepares refugee women for success in becoming lead teachers in ECE classrooms through wraparound supports and services including: contextualized ECE English class; a college credit ECE 101 course taught in the women's first language and English; and job placement into a paid, on-the-job training experience at an early childhood care facility. As part of Pamoja, refugee women collaborate with mentors who walk alongside their mentees providing homework, job placement, and emotional support in addition to engaging in social activities. This model provides a unique, culturally comprehensive support system to refugee women as they work towards the ECE Lead Teacher Certification.

Pamoja works with a cohort of Afghan refugee women to support their education and training to become certified multilingual ECE teachers. Prior to the outbreak of the COVID 19 pandemic, classes were taught at a local community center with onsite babysitting provided for the women's children. With COVID arriving overnight, our program had to be adjusted quickly. The groups worked closely with partners to transition all program components to remote learning to ensure that women still had support in place and could continue with their certification. Pamoja is currently running all program components remotely successfully. With a huge shift from in person classes to a 100% virtual model it has been incredible how seamlessly the women transitioned to the remote style of class and that they stayed committed to the class and engaged - especially considering that none of them had ever taken a course virtually before COVID! It is also very helpful that the women could now be home with their children while attending. The switch to remote ESL classes proved very beneficial in that all women in the cohort began attending the ESL class, whereas before less than half were attending. This is perhaps a lesson learned for future programming for women, even after COVID 19. Additionally, we are now working with a local Community College to facilitate virtual professional development learning experiences as part of the women's apprenticeship requirements. Lastly, the women have been meeting virtually with their mentors. The biggest challenges are navigating and working with technology kinks and finding time that works for the women to meet when children are napping or can be cared for by husbands.

5. Discussion and lessons learned

Many of the commonly referenced theories, perspectives, and practices regarding child and human development that currently guide early childhood education and care are seriously flawed in that they situate child and human development as a universal phenomenon. Though nature does have universal effects, the nurture or environmental, cultural and contextual differences influence child and human development in distinct ways [77]. Scholars such as Rogoff [78], Tobin, Hsueh, and Karasawa [79], and New [80] support the necessity for educational theories that guide early childhood education and care to intentionally reflect cultural contexts in child development. Relying on theories and perspectives that do not value how cultural and contexts influence child and human development perpetuate cultural domination, ethnocentrism, and neo-colonialism. It was important for all members of this program to develop and use culturally inclusive theories, pedagogies, perspectives, and practices in terms of parenting, child development, and early childhood education and care.

5.1 Commonalities between groups

Results for both groups showed that the most commonly viewed causes of child misbehavior were the lack of ability from the parents to support the child's needs, pressure from other family members and neighbors, the child's temperament, negative peer influence and negative interactions with other adults in the community. Ideologies in political, social, religious, racial, ethnic, and gender influence parents' identity and their decisions regarding parenting. Each group described what parenting strategies were acceptable (e.g., the use of praise, rewards and punishments) and others objectionable (e.g., ignoring the misbehavior, not showing control of the situation). In all cases, the moms in the group had little consensus on what parenting techniques were best. Results highlight the critical need for aligning parent goals at the outset of parent education, and the need for psychosocial components aligned with cultural values and contextual situations [69, 77, 81]. Stressors were interrelated to various dimensions of parenting: (1) economic hardship prevents parents from meeting their children's basic needs and having positive parent-child interactions; (2) perceptions and experiences of insecurity, low self-efficacy results in less effective parental guidance, and (3) parental psychosocial stress contributes to stricter and tougher parenting responses to behavior and control. Greater concrete economic resources, social network, and knowledge in child development emerged as gaps. Addressing these gaps increases the potential protective factors for maintaining positive parenting despite previous exposure to war and displacement-related adversity. Our findings suggest that implementation of culturally responsive pedagogies helped remove structural Euro-centric barriers to the women's self-efficacy and had positive impacts on parenting quality and child psychosocial outcomes [82]. Parent education training is important for refugee families to reduce the impact of trauma on children.

The community living in the US faces religious discriminations, and most families are socially and economically impacted by downward social and class mobility, which heightens feelings of alienation and frustration. With the continued growth of an anti-Muslim environment in the US, the mothers continue to worry about raising their children and sending them to childcare or school. As a result, most of the participants stayed within their own trusted social and religious circles. Some of the concerns around schooling, where the food served was not halal. Eating non-halal food goes against their Islamic guidelines and is deemed inappropriate by

mothers. The difference between individualism and collectivism in preschool was undesirable and perceived as negatively influencing the cohesiveness of their family unit and. Many of the mothers felt they could not influence the school classroom and thus decided to keep their young children at home, even though entering the workforce would benefit the family economically.

Even the communities in Palestine faced discrimination and as refugees were viewed to be poorer, more violent and unable to parent the “right” way due to the generational constraints of living in cramped quarters. They lack access to employment and were provided a different education system. We found that home language/s were silenced by strong monolingual ideologies experiences outside of their home at work, in their community, and in schools. We found that it was very important to make early childhood parenting education programs more culturally responsive and intentionally avoid typically curriculum and pedagogical practice that reproduce normative identities and practices. In both groups it was essential to meet weekly to make decisions that impact the group, participate in parenting and life-skills training, discuss issues of mutual interest, which became a platform to raise awareness on important topics, and together find ways to take action to improve their lives and communities. Through parenting education, learning about child and human development, women become more self aware. This awareness is the foundation to empowerment.

5.2 Palestine

Parents described how living conditions placed huge pressure on their ability to care for their children. They worried about their children’s health due to extremely dirty conditions and lack of basic sanitation in the camps. This concern was further exacerbated by the very limited supply of water to wash, cook, and drink. They were concerned about the people their children were now exposed to, and consequently for their safety. “I do not know who is around us, all types of people are here, and they can harm the children” [83]. This led to conflict between children and parents, as some parents were reluctant to let children leave the home by themselves or with their friends. Some of the women were more sympathetic to their children’s needs and allowed them to play outside despite their fears and the lack of space. Many of the women reported a loss of control; they lacked the confidence in their parenting skills to meet the children’s needs and support them in positive ways to counter the violence and “bad” behaviors displayed by others in the camp. The women stated that many of the issues that living in the camps presented were completely new to them. The women felt that the external uncertainty the families and children were experiencing due to the Israeli occupation aggravated their children’s and their physical and emotional reactions to their experiences in living in the camps. The women reported inappropriate child behaviors as a core concern, and this behavior increased as the children grew and had more contact with outside communities. They reported their children’s play had become more violent and the women worried that this reflected their exposure to the occupation and increasing tension and poverty in the camps. The women expressed strong commitments to their children’s future, especially in terms of educational opportunity, and many felt the density and continued tensions of the occupation were barriers to opportunities for the future. They saw the changes in their children as a reminder that without better parenting skills the plans for the children were diminished.

5.3 Women from Afghanistan living in Colorado

Common among the women in the cohort was the value of having preschools that were affordable and near home. The quality of a school was determined by the

recommendation by someone from their social networks. The trust in families with similar historical and religious histories provided valuable and culturally appropriate understandings of quality care and education. Although mothers struggled to know how to support their children, they still felt they knew their children well and could identify subtle differences in their behavior and personalities. Seventy percent of the women in Cohort 1 reported their husbands or children helped them read the articles written in English required for class, complete their homework, and help with the technology to hand in assignments and attend classes virtually. This collaboration within the family resulted in increased dialog with their husbands about child rearing and working outside the home. These conversations increased over the course of the program. Presently five women are employed in ECE, two others start in a week of when this was written, and three others had interviews. For 80% of the women, this was the first time they worked outside the home. All the women reported that the classes had a positive impact on how they observed and understood their children's behavior and stated that they now have more strategies to address their children's behavior and felt more confident in knowing what to do as a parent. Specific learning included knowing how to set routines and micro routines. Routines consisted of general patterns of the day such reading a book or telling a story before bedtime followed by brushing teeth, washing, and saying prayers, and then getting into bed and falling asleep. Micro-routines are more related to pedagogy and the dynamics of communication interpersonal relationships and shared emotional experiences. In addition, all of the women reported that their husbands were more involved in parenting and looked to the women for decisions in terms of responding to the child's development and guidance and discipline. All of the women also expressed that they want to continue in the program and continue to take classes together, with an emphasis on classes that will provide them college credit. They continue to attend classes together, with an emphasis on early childhood mental health.

Another result that emerged from the study included having mentors from the U.S. to help the women learn U.S. cultural norms and expectations. This helped the women more clearly understand how their values aligned with those in the U.S. Tailored to the women's needs, the English classes provided were content-based using the early childhood content to reinforce their studies and to develop ECE workplace language. The women's home language, Farsi, was leveraged in instruction to increase engagement and comprehension. Women reported that the English ECE class and the college classes were the most enjoyable and helpful aspects of the program. Other program supports included weekly check in meetings, individual and group monthly check ins, support for writing resumes and cover letters and job interview skill development.

With the ever-growing diversity in the U.S. population it is all the more essential to build capacity in the field of education so that we have teachers in our schools and early childhood programs that share common background and language experience with the children. The women refugees in this study possess valuable linguistic and cultural resources that are often unnoticed/undervalued. Implicit bias stemming from Western ideologies permeates the system the women are trying to navigate. These systems can be challenging to navigate even for people born and raised in the U.S. with the inherent unearned privileges of being white, middle class English speakers. The women in Cohort 1 were continually asked to take initiative, work individually, and fill out countless forms and applications for partners providing funding, college courses, and early childhood workforce pathways. When one stops to reflect on all of the adversity people face in fleeing their country: witnessing and surviving violence and conflict, seeking safety, having to uproot their lives suddenly and often multiple times, it is humbling to witness their success. We see refugees as

courageous, resilient humans who add positive energy, diversity and ethics to our schools, workplaces, neighborhood, and country. We need to continue to name, and make visible the assets the refugee population brings to our communities.

This program has now been funded to expand to include 50 more women. The new cohorts include women from Syria, Iraq, South Sudan, Afghanistan, The Democratic Republic of the Congo, Burundi, Rwanda, and the Central African Republic. The cultural and contextual variations will continue to change and adapt the program. We look forward to learning and developing programs that better suit the needs of women who are refugees inside their home life and in the public life in their locations.

6. Conclusion and recommendations

6.1 Centering human dignity

Our work, and more importantly, the way we approach our work is grounded in horizontal reciprocity between all people and interactions in which everyone's honor and dignity is upheld. It is essential to understand the contexts of all people and recognize that justice exists when people operate out of mutual reciprocity. We firmly believe that no one person is more human or important than any other human. At the time of The Universal Declaration of Human Rights (UDHR) [84], the notion of human was inclusive of certain particularities. For example, in 1979, there was an added decree, The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) [85]. Clearly, within the United Nations, in 1949 the notion of a universal human being was shaped by certain patriarchal and colonialistic privileges. In addition, it was not until September, 2007 that the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) was adopted by the General Assembly [86]. One cannot talk about human rights unless there is an understanding of what it means to be human, once this happens then human dignity can become clear and upheld. Who shapes the discourse about human rights? Men? Women? Indigenous peoples? Even using the terms men and women are gender binary and exclusive. Current declarations of equality and inclusion do little to address the inequities inherent in our laws, policy, and culture. Unless people are willing to deeply reflect and unpack implicit bias we will not be able to build equity and horizontal reciprocity. In the case of our two populations, rights have been denied to them due to their vulnerated circumstances. Our parenting education classes situate people as fully human from the onset. It was found that the limits of the U.S. and Israeli policies are not inclusive of all beings. In the U.S. and Israel, agency is only granted to those who align with, or at least work within, the dominant patriarchal and colonial, capitalistic views. Thus women defined as refugees must overcome tremendous barriers to develop the agency to not only survive, but also to thrive.

6.2 The importance of linguistically and culturally sustaining pedagogy

We assert that research methodology, early childhood education and care and parent education is optimized via a critical participatory action research approach. Researchers participated in the study while teaching about parenting in a culturally sustaining manner. In addition, a critical participatory action research approach integrates culturally and contextually relevant pedagogies that many times are overlooked when examining the educational and emotional life of the classroom. Ensuring that the first language is used in the classroom for the adults and the

children promotes multilingual literacy in the social and cultural context. This allows for a better balance of pluralism reducing the privileging of Western notions and cultural parenting norms. Using a participatory action research approach, the participants became the group engaged in the discovery and research process [55–57]. The team held reflective meetings to more clearly understand how their thoughts influence the awareness and perception of the life in which they participate and how reductionism has fragmented the world [61, 64, 66]. Complexity theory suggests that when there is enough connectivity between the agents, emergence is likely to occur spontaneously. Using this idea, the team and community members programs moved away from trying to change the organizations who make decisions and developed programs that helped create a new paradigm for understanding situations and developing grassroots approaches.

The exclusion of home origin language perpetuates educational disadvantages and restricts inclusive practices that are central to healthy early childhood parenting and educational practices. We strongly recommend early childhood parenting and teaching practices embrace heritage and origin languages to help ensure that parenting and educational programs are culturally and contextually appropriate. Offering the programs in first languages promotes sensitive and responsive pedagogical practices to the cultural, racial, and linguistic diversities represented by the families. The classes were developed in collaboration with participants to include lived experiences from their cultures and communities to make education meaningful and relevant. The United Nations Convention on the Rights of the Child (UNCRC) recommends that perspectives on human development consider the effects of heritage cultures on child development, with an emphasis on children's global rights [87]. The classes used the lived experiences of the adults and the children, including family histories, past and current experiences, and the varied environments the families lived in. The curriculum inculcated the importance of valuing the parents' culture, context, and unique desires for their children. This study makes a strong case in support of parenting education programs to be grounded in local context, culture, and community of the parents and families involved. This foundation of inclusion helps make visible the voices and lived experiences of heritage languages and the refugee context. Current developmental theories bereft of linguistic and cultural influences are inadequate and can silence the heritage culture and language.

6.3 Women developing agency

Women's empowerment is closely tied to workforce. While the focus on economic empowerment is critical, these approaches need to also address the social and gender norms that underlie and perpetuate inequitable behaviors such as violence, women's limited freedom to dissolve their marriages, lack of resources, property allocation and parenting decision-making power. We suggest that donors strongly consider including a parent education component, based on culturally and contextual meaningful content and skills, that provide women a sense of self-efficacy and decision making power within their home. We believe this provides a foundation that will permeate the workforce as well. Working on parenting self-efficacy through increased knowledge of: child development, brain development, mindfulness skills for self and co-regulation, we have found that women have been able to approach their relationships with their family members, husbands and mother-in-laws differently. They are more equipped to make life-determining decisions. Empowerment stems from self respect and women who have children increase their self respect and confidence when owning the knowledge and strategies to be an effective and supportive parent. Becoming an equal partner in parenting, in a marriage, and in the community requires an investment in parenting. Parenting education in

community-based cohorts is a way for women to learn skills and build capacities, increase self-esteem, develop agency in accessing information and resources, and promote collective action and community organizing. Learning parenting skills can lead to opportunities to enter the workforce in early childhood and education, which has shown to align culturally and religiously in many refugee communities. This combination of family, social, and economic empowerment positions women as leaders and decision-makers in their households and communities. It is important to recognize that a sole focus on economic empowerment is steeped in the capitalistic misogynistic structures of our society. Parenting is part of human development, part of our human curriculum. Perhaps parenting education focused on growth and self awareness and family decision-making can assist in breaking down the oligarchical structures stemming from colonial and capitalistic societal underpinnings. Parenting is unpaid work that contributes to every society. It includes the direct and indirect care of people. The care is primarily provided by women, and also to varying degrees provided by girls, men and boys. This unpaid work has a negative impact on gender gaps and the person's ability to participate fully in the economy of employment [88, 89]. Parenting is a way to support empowerment of women and the rest of the family by addressing the unequal distribution and decision making in unpaid work. It can also provide an opportunity for women to enter the workforce. Many times women who have children are discriminated against in that the woman needs to be available about 4 hours each day to nurse the baby. It is difficult to measure this cost, however, it has been shown that there is a cost savings of \$3.1 billion in health care costs. In addition, the women that work in salaried positions are more able to stop and pump milk for the baby than women in hourly positions, which most women who are refugees can more readily access. A social ecological model is necessary to analyze the complexities of the cultural and contextual lived experience of women who are refugees. Parenting education is part of our community outreach and advocacy response to the refugee parents and families we work with as an element of an ecological system of restorative and healing responses that are culturally and contextually appropriate [90].

Participants' engagement in the analysis process guided what indicators were important and what to consider in terms of interventions and adjustments to the project. Many studies involving refugees use more traditional methods of analysis that focus on countering and mitigating deficits (PTSD for example) rather than focusing on how to nurture and cultivate strengths (resilience, agency, and empowerment). The participatory analysis process capitalizes on the participants' knowledge and abilities to overcome the challenges they have faced. It is a process of seeking ways to support people's ability to integrate their multiple identities and cultures. We believe that the participatory methods built capacity with the research team members and cohort members and helped engage the donors for funding to expand their project and begin new cohorts.. Capacity building was not hierarchically organized, rather it was multidimensional, with peer learning at its center. Many of the analysis discussions went beyond the study or project. The discussion included ways to include family members, husbands, and to deepen understanding such as including husbands and male family members in play with the children, including Imams from the local mosque to support the importance of intentional and attentional child rearing practices, addressing not only traditional and cultural values, but also the stressors children face.

Interestingly, the academic partner participants seemed to be the most hesitant and least flexible in terms of viewing participatory analysis as valid. However, by the end, the academic partner participants were on board and recognized that the learning and transformation would not have been as meaningful, relevant, nor extensive had participatory analysis not been used. This was evidence that the academic partners' growth and capacity building as a result of the study. Participatory

methods are robust even in contexts where participants have low English literacy and in many cases little formal education because participants are included in the development and measurement of indicators.

6.4 Research as growth

Finally, the authors wish to express gratitude for the privilege of working with these remarkable women. Through a deconstruction/reconstruction, self-reflective process, our intellect, our hearts and our compassion expanded. We learned that only through on-going dialectical interaction with people from the culture we were studying, did we begin to understand the profound impact of being able to hold different symbolic cultures as valid and true at the same time, even when in contradiction with each other. Some of the cultural challenges included the semantics of words and phrases in terms of culture values, meaning, and communication. As we started to code the data and discover patterns or deviances in the stories gathered, we were surprised at the abundant patterns of power imbalance, gender bias, and hidden histories. These are all themes that speak to the importance of heart and healing in research. As society continues to become increasingly multiracial, multilingual, and multicultural, we need educators who know how to support young children's development and learning by providing culturally relevant pedagogy that increases knowledge and love of self and others. In this way we work towards building a society with the knowledge and skills needed to live together respectfully and stand up to ignorance, prejudice, and discrimination. "Apart from inquiry, apart from the praxis, individuals cannot be truly human. Knowledge emerges only through invention and re-invention, through the restless, impatient, continuing, hopeful inquiry human beings pursue in the world, with the world, and with each other" [52, 73].

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Racist Babies? Resisting Whiteness in Parenting

Naomi W. Nishi

Abstract

Whiteness has evolved in the way that mostly white parents teach their children to embrace and normalize it. Whereas within the United States previously, white families employed explicitly racist tactics to maintain whiteness in their children, today white, neoliberal families have adapted their whiteness to be more implicit and socially acceptable. This chapter draws on literature and narrative inquiry to describe how whiteness is passed down, generation by generation. The author looks particularly at white, neoliberal, and color evasive families of today to deconstruct these myths. The author closes by offering strategies and examples for parents who want to raise critically conscious and socially just children and grow these traits within themselves as well.

Keywords: ParentCrit, critical race parenting, whiteness, critical consciousness, family development

1. Introduction

Recently, a white¹ mother of a white, 3 year old son told me she was planning to talk to her son soon about race and so, given my scholarship in race and parenting [1], she'd want to have a conversation with me before she brought it up because she did not know what to say. She went on to note that her son's best friend was Black, and she was so glad that her son had not brought up the race of his friend because "he just doesn't notice race." As she related this, I sensed a touch of pride from this mother that her small son did not see race.

Even though this mother seemed self-assured that her child had never heard or seen a racist or racially discriminate comment or action, I explained to her that children as young as her son not only can see color or race difference, but they are already forming social meaning and value based on that difference. The white mother's face turned grim as I mentioned that oftentimes children, even though they are starting to think about race, learn from their white parents that it is rude or embarrassing to point out someone's race. It is this taboo avoidance, as much if not more, than her son not noticing race that could be why her son had said nothing within earshot of his parents about his friend's or his own race or color.

In this critical theoretical essay, I discuss literature related to white parenting and racialization as well as draw on autoethnographic mother writing [1–3], to show how whiteness is passed down intergenerationally particularly in the United States.

¹ To resist symbolic forms of whiteness, I choose to capitalize identifiers for People of Color, including Black, and opt to use the lower case for white [1].

Autoethnographic mother writing is a methodology that draws on motherscholars' experiences and observations rooted in their roles as both mother and having been mothered [1, 2]. Although autoethnographic mother writing is radically specific [3], it is rich with lived experience and sense-making. By pairing this methodology with other existing scholarship related to whiteness and parenting, this essay offers practical anti-racist explanations and strategies immersed in theory, research, and narrative.

This essay also falls within a larger body of scholarly work known as Critical Race Parenting or ParentCrit [1, 4–9]. ParentCrit falls within Critical Race Theory work as it applies to parenting children within racial realism and to be critically conscious. For Parents of Color and/or white parents of Children of Color, ParentCrit often focuses on parenting to teach self-love and how to combat racism in parenting Children of Color [4, 5, 7, 8]. For white parents, it often involves reflection on and combating whiteness in oneself and in one's white or white-presenting children [1, 6, 9]. Yet, one of the tenets of ParentCrit is the continued learning and growing toward social justice in both parent and child [10], as well the way that this growth happens in relationship with parent and child [1].

Given this, the essay focuses on intergenerational whiteness in the midst neoliberal movements that insist that race is no longer socially significant [11] and where color evasive [12] stances twist the words of those working to increase critical consciousness around race and instead call them racist for even bringing up the word "race." I end by offering several strategies for parents wanting to disrupt the cycle of whiteness in their parenting and in so doing, begin to reverse the complicity of most white parenting with white supremacy.

Before moving into this discussion, it is helpful to give starting definitions of whiteness and neoliberalism, although this essay delves into different dynamics of both. I define whiteness as a sociopolitical ideology, held mostly by white people, that is used to normalize and promote white supremacy [13]. Whiteness is embedded in systems through traditions and spoken and unspoken rules that privilege [14] or immunize [15] white people, protecting them from the racialized violence that is the reality for People of Color. This includes white people retaining amassed wealth particularly from ancestors who stole land from Native peoples or profited from African enslavement, access to quality education, and exemption to discrimination, microaggressions and larger acts of aggression due to race.

Whiteness is not a static phenomenon. White people constantly evolve their performances of whiteness to best normalize and uphold it and white supremacy [16]. Given this, one of the latest flavors of whiteness, particularly in the United States lies in white post-racial and neoliberal belief systems. Giroux shows how the racism of today or new racism [11, 17] is entwined with neoliberalism, and demonstrates how this neoliberalism is an individualistic endeavor, focused on free market that, in its pursuit toward these, has relied on pretense and a color evasive political project that denies how race and racism work in our world, particularly to benefit white people. Instead, neoliberalism and its users have adapted a language that explains white beneficiaries as meritorious and uses a cultural racism [17] to blame People of Color for their own disenfranchisement.

2. The evolution of generational whiteness

In the 1950s, Black Psychologists, Kenneth and Mamie Clark [18] conducted a series of experiments studying how children interpreted race. In these experiments, children of different races were presented with two dolls, a Black doll with black

hair and a white doll with yellow hair. The children were then asked a series of questions, like which doll is beautiful, which doll is the good doll, or which is the bad doll. Most of the children, regardless of the child's race chose the white doll when asked which was beautiful, and similarly most children chose the white doll when asked which was the good doll and, conversely, the Black doll when asked which was the bad doll. The Clarks at the time used their research to demonstrate the damage to self-identity and self-esteem of Black children in the then segregated US school system. The Clarks even testified compellingly in the *Brown v. Board of Education* (1954) case [19] in support of school desegregation.

The Clarks' doll study was significant in the way that it showed that not only did small children recognize race, but they also made social value judgments based on race at that same young age. Although the Clarks' original studies were published in the 1940s and 1950s, similar experiments with children's perceptions of race have since been replicated, with results being similarly troubling [20, 21]. One significant difference is that Black children identify the Black doll as the bad one to a lesser extent [21], perhaps signaling improved self-image for those Black children whose parents diligently provide them with dolls, books, toys, etc. that are positive representations of Black people and Black culture. However, white children in the 1950s and today in the US, despite the national rhetoric touting a post-racial society where color no longer matters, still tend to make value judgments based on race that favor white people [20, 22]. But, why? Most children in the US today have grown up with a Black President, they have seen Doc McStuffins on TV, they have worn Black Panther costumes for Halloween. Certainly, these Black role models have had some impact on children's racial values. So, why would a white boy wearing a t-shirt with the latest Spider-verse Spiderman character (a Black, Latinx boy) still say the Black doll is bad [20, 22]?

Thandeka, a Black scholar and Theologian wrote the book **Learning to Be White**, [23] published in 1999. In the book, she describes how white parents pass down whiteness to their white children or "teach them to be white" by withholding love or shaming their children when those children engage with Children of Color. For instance, white parents berating their children for playing with the Black child next door or refusing to talk to their child when they show up at home dating a Person of Color are examples of the punishment some white parents impart when their white children do not keep to their own. All of these subtle and not-so-subtle reprimands of white parents signal to their white children that if they have relationships with People of Color, the cost will be the ending of their relationship with their parents. Thandeka describes this withholding of love or this race-conditioned love as akin to child abuse, and shows the damage done to white children, as they are groomed to be the next generation of whiteness keepers.

Thandeka captures the white parenting process and also touches on how white people teach themselves to avoid thinking of themselves as white or even part of a racialized system. White people tend to think that race is something possessed by People of Color. It is in this belief that white people then begin to found the normalization of whiteness. Things that are white are normal; everything else is different, diverse, exotic, strange...race. Thandeka describes a game she created where she invites white people for a week to identify each person they talk about as white (if they are), e.g., My white neighbor, Sally, stopped by for a cup of coffee with my white friend, Angie, and all of our white kids played out back. Thandeka relates how none of the white people she invites to play this game can manage to do it for more than a day. They all find themselves embarrassed or shamed to racialize themselves and other white people and cannot stand the looks of disdain from other whites when they are breaking this cardinal rule of never racializing whites and, in so doing, maintaining the normalization of whiteness.

Thandeka does elucidate multiple elements of whiteness and the intergenerational passing on of whiteness in her book. And, what she describes is still very much at play in many white families. However, her book was written over 20 years ago, and what critical whiteness scholars show, is that whiteness and white tactics evolve to best uphold white supremacy. [13, 16, 24] Whiteness is slippery in the way that it's hard to get a handle on. As soon as you think you have nailed down how whiteness is operating, whites have already morphed how they perform and maintain it. As soon as you have developed an antiracist training to confront the problem of whiteness, white people have already taken a diversity training and are employing the same language to instead promote white norms. My point is that Thandeka, at the time of her book's writing could not foresee how white neoliberal parents of the next generation were going to mold the principles of whiteness they'd learned from their parents. When these younger neoliberal parents were raised by the Baby Boomers, it was socially acceptable in many white communities to forbid your child to play with the Black kid next door. Today, in many places, this is not socially acceptable. So, white parents (often unconsciously) employ a more tactful maintenance of whiteness, one that no one can call you racist for. This leads to a whiteness performance that creates a scapegoat of racist Uncle Donald at the holiday dinner table while quietly allowing today's white parents to go about affirming white norms and superiority with their children, all the while assuring themselves that they and their children aren't racist.

Thandeka captured the shame that white people have when asked to racialize themselves and acknowledge their whiteness, but in addition to whites' aversion to identifying their own race, today's neoliberal white parent also does not want to identify anyone else's race; it's uncouth. Beverly Tatum, in her book, **Why Are All the Black Kids Sitting Together in the Cafeteria: And Other Conversations About Race**, [25] points out that white people consider race talk taboo. She remarks on how white people tend to whisper that a person is Black or Latinx as if identifying the race or ethnicity of a Person of Color is an insult or a dirty secret that nobody dare say. This taboo of identifying anyone's race is rooted in early colonization and enslavement where white people, and particularly white women taught themselves to fear Black people, and particularly Black men. Black Psychologist, Frantz Fanon, in his book **Black Skin, White Masks** [26] vividly describes a moment of walking down the street in Martinique, when a white child points at him and cries to his mother, "Look, a negro!" His mother gasps and pulls her son to the other side of the street and out of harm's way. Fanon analyzes this action and names the fear behind both the white child's utterance and his mother's response. This illustration although written about in the 1950s feels uncannily relevant today. A white child, particularly one who has not been around People of Color because he/she was raised in a white suburban enclave, upon first seeing a Black person, points and says in a loud voice, "Mommy, look that person is Black!" The white mother then swiftly teaches the child the race taboo by shushing the child, getting embarrassed, or even scolding the child for identifying something new they are seeing – race [1]. Although, as Tatum discusses, there is nothing negative about identifying a Person of Color's physical attributes, the white mother out of embarrassment, and perhaps deep-rooted fear or disdain tries to distance herself from the Person of Color the child has pointed out. But, even though these may be deep-rooted racist reactions to a Person of Color, today's nice white neoliberal parent instead rationalizes their reaction because their child has not intuited the cardinal rule of color evasion, which the parent justifies is all about equality [1].

Sociologist, Eduardo Bonilla-Silva identified this white neoliberal race evasion in his book, **Racism Without Racists: Color-Blind Racism and the Persistence of Racial Inequality in America**. [17] Although Bonilla-Silva coins this phenomenon as "color-blind racism," I opt for an expression that does not use ableist language as

recommended by Annamma, Jackson, and Morrison [12]. I refer to this concept as color evasive racism or color evasion. Bonilla-Silva's book is based on interviews with white adults. Through these, he identifies several ways that white people employ color evasion. These include making false justifications for the evidence of racism that do not sound explicitly racist, for instance describing gentrification and racial segregation of schools as being a natural result of people just wanting to be around people who are like them. Bonilla-Silva also identifies what he describes as "abstract liberalism," which gets at the heart of color evasion. White people, when asked a question about race often default to "Oh, I don't even see race." Or, as Bonilla-Silva showed, when asked about affirmative action, i.e., preferences for people from under-represented racial groups in higher education or the job market, white people would often say they were against it because they thought everyone should be treated equally. Of course, this abstract liberalism sounds nice. How can you call the person speaking racist when they have just said they want everyone to be treated equally? Yet, this nice, color evasive talk is perpetuating racism in the way that it denies the lived reality of People of Color and instead blames their disenfranchisement on People of Color, themselves.

It will come as no surprise then, that these same white adults, use the same color evasive approaches if and when they teach their children about race. The white parents focused on in Thandeka's book are in no uncertain terms telling their white children to stop playing with Kids of Color, if they want to remain in the family. But, currently, there is a growing crop of neoliberal parents who are avoiding conversations about race with their children, but if their child asks a question about race or color, white parents resort to canned abstract liberalism, assuring their kids that everybody is equal and color does not matter.

Years ago, I was conducting research with focus groups of white kindergartners in the rural Midwest of the United States. I had their white teacher read them several multicultural picture books and then asked the children a series of question about the books. I wanted to know how white children in a mostly white setting understood race and culture through the books. As we began the study, the kindergarten teacher went off script. She asked all of the children to hold out their hands. A plentitude of beige, pinkish, and peachy little hands all reached into the circle where the teacher also held out her hand. "Are we all the same color?" she asked. "No," replied most of the kids, identifying freckles or the slight variations of shade in their hands. "That's right!" congratulated the teacher, "we all have different color skin, but we're still all the same!" I remember thinking at the time that this teacher might as well have concluded her mini race lesson with, "So, there's no reason for us to ever talk about color or race again!"

As mentioned, one of the core problems with teaching white children to be color evasive is that color evasion ignores the reality of racism and white supremacy. While the color evasive parent will read children's books about Martin Luther King Jr. to their children, particularly on MLK day, most of those books read as though when the 'white only' signs came down racism ended and today we are all treated equally. Racism, as it were, is a thing of the past and a thing of the US south. This is the message that well-intentioned, neoliberal white parents teach the next generation about race. And this serves white families well, as they continue to normalize themselves and their dominant narratives. This is also why we frequently see white college students demonstrating what Robin DiAngelo refers to as *white fragility* [27] when they are first confronted with the racial realities of People of Color in a course that deals with race. Or a white student is assigned a roommate who is a Person of Color and not willing to go along with the shallow color evasive framework the now white young adult has embraced and managed not to question [22], in part cause they knew how upset their white family would get if they went and brought up a nasty topic like race.

3. Strategies for critical race parenting

I titled this chapter, “Racist Babies?” to get at the paradox of whiteness in parenting, which is this: Although we know kids see race and make value judgments about it, children are not born racist. White children are parented into racism. Yet, given how whites have constructed whiteness norms within their families, the first time a child makes an observation about race, the parent is shocked at the audacity of their child breaking the taboo and worries that the child is racist instead of examining themselves and how whiteness is at work [28] in their parenting.

White neoliberal parents tend to avoid conversations about race with children. They do this possibly because they are in denial that race and racism are real and relevant. Perhaps they do not know what to say about race and are uncomfortable breaking the race taboo that they were raised to uphold. Or, maybe they think their children will just naturally grow up to “do the right thing.” These same parents are thrown into upheaval the first time their child makes a comment on or asks a question about race. This is when, as a race scholar and white mother, my nice, white neoliberal friends come to me and explain that their child is racist and can I recommend some good kids’ books that will teach their children to not be racist? One white friend’s child did not like his brown-skinned swim instructor. One child pointed at a Black woman, saying she looked like a brownie. Neither of these statements are inherently racist. These white children are noticing skin color and trying to make sense of it, particularly when they have not been around many People of Color previously. My own child, when he began a new preschool class, declared that he did not like one of his teachers. “Which teacher don’t you like?” I asked. “The Black one,” he answered. I’ll admit, even as a person who studies race and whiteness in parenting, I was taken aback with my 4 year old’s comment. But, I was careful not to scold him for identifying race, which we had discussed. “You don’t like Ms. Andrea?” I clarified, identifying his teacher who I’d noted was the most strict, and as he had identified had the darkest skin of all of his teachers. We then went on to have a conversation where I encouraged him to learn all of his teachers’ names and also began a conversation about racism and how white people treat Black and Brown people unfairly. “That’s why it’s super important for us as white people to respect Black and Brown people and especially our teachers by knowing their names,” I concluded.

To be honest, on the fly, I’m not sure how well I articulated any of this or how much my son understood. But, what is important is that I continue to have conversations with my children about race and racism to ensure that we are not participating in color evasive racism. This also allows me to continue to guide my children’s interpretations and understanding of race and racism as they grow. Although I have a leg up on many white parents given that I am a researcher of race, racism, and whiteness, it is still crucial for all white parents, including me, to continue our work to understand how whiteness is working in ourselves, in our partners, and in our children.

Below, I offer some ParentCrit strategies, particularly for white parents who are working to parent critically conscious, socially just people, and are they themselves working to be the same. It’s important to note that parenting is not the only influence that children receive that teach them about race. Certainly, a child’s experience at school, in social settings, and with various media also convey messages about race to white children and Children of Color. When we as parents work with our children to develop a critical consciousness around systems of oppression, we must be working with them to interpret, critique, and dismantle those systems whether they manifest in their classroom or in their Saturday morning cartoons.

3.1 Diversify your environment

The United States is highly racially segregated in our neighborhoods, schools, workplaces, etc. This is not coincidental or natural. It is by design [29]. Historical and current processes and legacies have continued to disenfranchise People of Color in the United States and maintain white privilege and power. Systems such as redlining and gentrification to mass incarceration and school privatization go to work every day to keep most white Americans in their bubble.

Although this allows most white children in the US to be surrounded by other white children, white teachers, and white community, Families of Color are forced to navigate the white world to participate in systems such as economic, education, medicine, law, etc. Thus, white children raised in white enclaves develop an understanding of their white identities and their whiteness as normal, which Children of Color do not have the luxury of doing [30]. This allows for white children to then see anything that is not within these white norms as different, weird, exotic, or even deviant or bad.

Once, after I had offered a community training on ‘dismantling whiteness,’ I had a white father approach me. He and his wife were upper class and white and were raising their two biological children in a wealthy white suburb. We were discussing white children and their understanding of race, and he said, “My 7 year old, Skyler, said to me yesterday, ‘Dad, why are all Black people famous?’” Upon sharing this, he offered me an incredulous look in which I think he expected me to share in his utter confusion. “Does he know any Black people?” I asked. The man furrowed his brow, and said, “No, just those he sees on TV.” After describing the painfully obvious connection between his child thinking all Black people were famous and how it was because he only saw Black people on TV, I went on to discuss the importance of children having relationships and engaging with racially diverse communities so as not to stereotype People of Color. The father nodded, but then added, “It’s just that our neighborhood is so white.” With that, he shrugged and our conversation ended. This Dad could not envision making choices about where his family lived or learned that considered his children’s critical consciousness and racial awareness. Subsequently, his white son was learning about Black people from TV. This meant that the source of his son’s race knowledge was and would continue to be formed by mass media, and all the racist stereotypes therein. The intergenerational whiteness was being almost perfectly maintained in this nice, white, neoliberal family.

My point here is that environment matters when you want to raise critically conscious, socially just children. Within the higher education Affirmative Action² struggle, those defending Affirmative Action have argued about the importance of a *Critical Mass* of Students of Color within the college classroom. They argue that this critical mass is important for all students to have a rich and diverse college experience. Part of this idea is that if you have only one or two Students of Color in an otherwise all-white classroom, the white students are more likely to tokenize and stereotype the few Students of Color. This argument fairly suggests that white college students upon meeting a Student of Color (often one of the first People of Color they have met) are likely to make sweeping generalizations about an entire racial group based on the experiences with that one Person of Color. Thus, a critical mass is achieved when there is enough diversity in the diversity (coded as People of Color) [31].

² Affirmative Action is a legal precedent in the United States that has allowed for race to be considered in Higher Education admissions, historically to allow access to People of Color. Since its inception, it has been continuously challenged and dismantled in the Supreme Court [31]

I bring this up, because if knowing and working with People of Color is actually important to the white neoliberal groups that largely serve as the leadership, faculty, staff, and students of predominantly white institutions of higher education, why is it not important to raise those same white children in community with People of Color? My point is that, of course, environment is crucial in raising critically conscious, socially just children and families.

3.2 Engage in race and racism talk

When I began talking with my first child at three about race, I was shocked at how color evasive my descriptions were. Things like “People have different skin colors but we’re all the same” or describing racism as “People treating people with other skin colors bad,” just fell out of my mouth. I was quick to correct myself, particularly on the latter comment to say “When white people treat people with Black or Brown skin bad...” But, horrified, I stumbled through conversations while my preschooler quickly lost interest in my race lessons. I realized that like any good educator, I needed to plan out what I wanted my child to understand and then back track to identify and teach the building blocks to that concept. I wanted my kids to understand racism at the individual but also the systemic levels and I also wanted them to confront it when they saw it.

I started by identifying key concepts, equating race with skin color while simultaneously reading books and talking about the US enslavement of Africans and the stealing of native lands. I then introduced the concept of racism. This worked as a good transition. When my son understood race and also the history of race in the US, particularly around enslavement, it was easier to show how racism only went in one direction, given that white people had historically created the concept of race and used it to steal rights and power [32]. Yet, my previous research helped me understand that white kids often understand racism as happening only in the past and only in the south. So, I also offered my children examples of racism, including those from the news or even comments or things I noticed. We would discuss police shootings of Black people. We would discuss how racism was working in our leaders’ justification of separating Latinx children from their parents at the US/Mexican border. My partner and I and our friends would discuss race and racism openly in front of the kids, whether or not they were paying attention. These ongoing race conversations not only helped my children build their understanding of race and racism, but it also gave them permission and even encouragement to bring up race topics and to ask questions of their own.

3.3 Engage intersectionality

As a critical race scholar, I was laser focused on my white-presenting boys’ understanding race and racism. When they would talk about gender or something being a girls’ toy, I would say little more than “There is no such thing as a girls’ toy.” Shortly after my oldest son began public elementary school, a fourth grade Latinx boy within our school district died by suicide shortly after he had come out as gay. Immediately, all of the heteronormative and gender-binary school traditions that I had kept quiet about became urgent to correct. As I saw it, the public school system of which we were part was scapegoating children as bullies and letting themselves off the hook for all of the practices that said “you (cisgender conforming child) are normal, and you (nonconforming child) do not belong and deserve your isolation.” These practices included the lining up after the school bell by binary gender, no bathroom options for trans or gender nonconforming students, and allowing the gender policing of children (e.g., teasing a boy who used a pink crayon).

Interestingly, we had family friends who were laser-focused on gender and LGBTIQ+ issues to the detriment of discussions of other systems of oppression, including race. I think it's difficult for parents who hold multiple forms of privilege and dominant identities to hold these all together at the same time, whereas parents who combat multiple forms of oppression, do not have the luxury of isolating one with their children. Indeed, intersectionality is meant to combat the rendering of queer Black women as invisible [33, 34] Reading Audre Lorde's words [35] makes this clear. She simultaneously holds her identities as mother, scholar, Black, woman, and lesbian as she navigates raising her Black children. There is no moment where she forgets that she and her children are Black or that she is raising her children as a lesbian woman. She holds them all and navigates them simultaneously.

This is not the case for white, heteronormative parents. So, we must do the work to understand how these systems of white supremacy, patriarchy, classism, heteronormativity, ableism, etc. are all working simultaneously for or against our children. Holding our understanding, oppression, and dominance together as we raise our kids, and not letting one system or another go because they will not oppress our kids directly today is vital. The point here is that we cannot teach anybody, including our children, how any system of oppression really works without understanding and offering an intersectional approach. We cannot fully understand white supremacy without understanding patriarchy, nor can we understand patriarchy without ableism, or ableism without classism and so on. So, as we work to build critical consciousness in our children, we must not set aside any part of the story.

3.4 Critique child media with kids

It feels like new kids' movies come out by the week these days, and, luckily, there is generally a critique of each new film. I actually included my racial critique of *Zootopia* in a 2018 article [1], showing how it drew on white saviorism, racial stereotypes, and color evasive racism to form its storyline. By most accounts, children's movies seem to be getting better and more thoughtful. For example, consider the 1995 Disney film, *Pocahontas*, along with its stereotyping of indigenous people as noble or savage with the 2017 Pixar film *Coco*, which is a beautiful and thoughtful depiction of a Mexican story.

Yet, when we take a comprehensive look at child media we still see the same problematic depictions of race, i.e., racial stereotypes, color evasions, and other racial fictions. For instance, while the first *Frozen* movie, happily avoided race by making every notable character in it lily white, *Frozen II* tried to make up for it by depicting a racially ambiguous indigenous group that was having their way of life stolen by an unambiguously white king. While this may have paralleled the settler colonialist history and stolen lands of the United States, the movie ends with the two white granddaughters of the colonizer-king saving the day, the land, and restoring justice, which included one of the white sisters (Elsa) becoming queen over the indigenous peoples and land.

The point I want to make here is that I do not think we should keep children from seeing the latest Disney or Pixar film, but we should be diligent about critiquing storylines and messages within media with our kids. We should be deconstructing both the explicit and hidden messages in children's movies with our kids. This demonstrates to them that they cannot take what they see at face value even in their seemingly morally resplendent movies. When we describe what we see in the movies and critical interpretations of the media our children are watching, they learn to not only question what they see and understand, but learn that it's important to do so. Soon enough, we will not need to bring up racist stereotypes or white savior storylines in the movies our children are watching; pretty soon, they'll catch it and point it out before we do.

These discussions also reinforce that race talk is okay and encouraged. My white-presenting son received a Black Panther costume as a gift from his grandparents around Halloween last year. Although he already had planned to be a video game character for trick or treating, he told me he thought he might wear his Black Panther costume to school. My son's school is made-up of mostly Black and Brown students, and I worried about my son co-opting one of the few Black heroes available to Kids of Color.

"I actually don't think you should wear your Black Panther costume out of the house," I said to my son. "Why not?" he asked. "Well, because Black Panther is a Black super hero, and because of racism, there aren't a lot of Black super heroes that look like Black and Brown kids. But there are a whole bunch that look more like you, so I think we should treat Black Panther as a special super hero that just Black and Brown kids get to dress up as at school." "Ok," my son resolved quickly, "I think I'll be a Harry Potter character for school then." "Perfect!" I said.

4. Concluding thoughts

When we normalize race and racism conversations with our children, we build their skills and critical consciousness. In Beverly Tatum's book [25], she mentions a white kid that asked her Black son if his skin was brown because he drank too much chocolate milk. Children, including white children, are trying to make sense of their world and their social interactions. They pick up on who gets included and who does not, on who's considered beautiful, and who is not, on who's considered smart and who is not. If we do not advise them in this sense making process, we should not then be surprised when, in the next round of doll studies they tell us that the white doll is good and beautiful and the Black doll is bad.

White parents have got to set aside their fear of race talk, shrug off the taboo, and educate themselves on how race works in the US and how they and their white skin are normalized and privileged. Only then can we educate the next generation of children to resist whiteness and make strides toward equity and justice, instead of just reframing whiteness to trick ourselves as we raise the next generation of racist babies.

Acknowledgements


I dedicate this chapter to my children and those of the next generation. May we invest in you critical consciousness and social justice, along with our hopes and dreams.

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Along with development, parents and children are involved in reciprocal exchanges within which both co-adapt their emerging relationships. With this transactional assumption, the eco-cultural approach stimulates researchers to study parenting from a complex perspective and to consider multiple influences shaping children's and families' lives. This book offers a wide, concrete eco-cultural perspective on parenting, addressing current issues such as wellbeing and emotional security, sibling relationships, vulnerable children, family-school partnerships, digital parenting, adolescence and risks, resilience in adversity, and immigration and cultural diversity. Written by researchers from all over the world, the twelve chapters in this volume testify to the strength of the plurality method for approaching parenting.

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