



# THE MOST IMPORTANT THING PARENTS DO

by Ray DeV. Peters, Professor of Psychology at Queen's University and CEECD Directing Committee Member

**It is widely recognized that children's early environment, and parents in particular, can have powerful influences, both positive and negative, on how young children feel and behave.**



Parents who are able to employ positive parenting practices are an extremely valuable resource for their children and for society as a whole. On the other hand, poor-quality parenting in the form of insensitivity to their child's needs, harsh/angry discipline and permissive child-rearing are considered to be among the most important risk factors contributing to the development of behavioural and emotional problems in young children.

A recent survey carried out in Canada by Invest in Kids (2002) of more than 1,600 parents of young children (less than six years of age) indicated that over 90% of the parents think that parenting is the most important thing they can do, and over 80% strongly

agreed with the statement "*The influence of parents during a child's early development is absolutely critical to the way a child turns out as an adult.*"

However, many parents surveyed reported using hostile/ineffective parenting practices, and fewer than half were knowledgeable about the importance of providing stimulating, sensitive environments to their young children. Although parents generally believed that their parenting practices had an important influence on their child's social and emotional development, they reported having little knowledge of or confidence in how to influence this development in a positive way.

Before the birth of their first baby, only 44% of the parents reported feeling adequately prepared for parenthood. After their child was born, only 18% reported feeling confident as parents. These low levels of confidence and knowledge of parenting were not limited to one subgroup of parents, but applied equally to mothers, fathers, high and low Social Economic Status and single as well as two-parent families. After the birth of their first child, 45% of parents reported that they felt they did not receive enough emotional or practical support as parents, and 58% disagreed with the statement "*I think Canada values its young children.*"

Why this disconnect between the evidence regarding the important influence that positive parenting can have on facilitating healthy development in young children on the one hand, and the lack of knowledge and confidence in parenting reported by parents on the other? One likely reason is that most of the existing research on effective parent training programs has been carried out with clinical populations, i.e. with parents whose children are manifesting serious emotional and behavioural problems. Very little research has examined the effectiveness of parenting information sources relied on by most parents, such as prenatal courses, mass media and advice from medical practitioners and family members. Much of this information is informal and superficial, a long way from the structured parent education and training programs described in this Bulletin with clinical populations.

A major challenge facing Canadian policy-makers, researchers and practitioners alike is the development and evaluation of parent education initiatives that will reach all parents, boost their confidence, improve their parenting practices and provide support in raising healthy, well-adjusted children. 🦋

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# PARENTING MATTERS

by Eve Krakow

**How parents act toward and respond to their children plays a crucial part in their children's social, emotional and cognitive development. What makes parents parent the way they do? What programs are most effective at enhancing parenting skills?**

**T**here is strong consensus that parents matter in how their children develop and function. Yet according to data from the National Longitudinal Survey of Children and Youth, only one-third of Canadian parents use optimal parenting approaches.

*"Many of the skills children acquire are fundamentally dependent on their interactions with their caregivers and the broader social environment,"* say Matthew R. Sanders and Alina Morawska, of the University of Queensland, Australia. They identify parenting quality as *"the strongest potentially modifiable risk factor"* in the development of behavioural and emotional problems in children.

Parent-child interactions affect many different areas of development, including self-esteem, academic achievement, cognitive development and behaviour. Research shows that language stimulation and learning materials in the home are strongly linked to school readiness, vocabulary and early school achievement, while parent discipline strategies and nurturance are most strongly linked to social and emotional outcomes, such as behaviour and impulse control and attention.

But what makes parents parent the way they do? Knowledge of child development, personal beliefs and expectations, their own experiences and the socioeconomic environment are just some influencing factors.

Jay Belsky, from the Institute for the Study of Children, Families and Social Issues at Birkbeck, University of London, U.K., highlights a number of forces that shape par-



enting. These include *"the attributes of the children, the developmental history of the parents and their own psychological make-up, and the broader social context in which parents and this relationship are embedded."*

*"Parents observe their children through a filter of conscious and unconscious thoughts and attitudes and these filters direct the way they perceive their children's actions and how they behave toward them,"* explains Joan E. Grusec, of the University of Toronto.

Daniel S. Shaw, of the University of Pittsburgh, notes that parental age, well-being, history of antisocial behaviour, social support within and outside the family and neighbourhood quality (particularly in impoverished communities) can also influence child functioning.

### CAUSE AND EFFECT

A large body of research on parental behaviour and child-rearing practices indicates that parental warmth combined with reasonable levels of control produces positive child outcomes. In a number of investigations, sensitive-responsive parenting was linked to positive emotionality in children, while children who were negative, irritable or aggressive were found to have received *"less supportive, if not problematic parenting,"*

reports Belsky. Inconsistent, rigid or irritable explosive discipline, as well as low supervision and involvement, have been closely associated with the development of child conduct problems.

Parental knowledge also plays a key role. Parents who are aware of developmental norms and milestones, understand the processes of child development and are familiar with caregiving skills gain a global cognitive organization for adapting to or anticipating developmental changes in children.

Knowledge can also affect parents' beliefs and expectations, which in turn can have an impact on child outcomes. Parents' inaccurate beliefs or overestimation of their child's performance can actually undermine the child's performance. *"For example, adolescent mothers who reported more positive, more realistic and more mature expectations about parenting, children and the parent-child relationship had children with better coping skills,"* note Sanders and Morawska.

### SUPPORT FOR PARENTS

Given the importance of parental skills in children's development and the fact that optimal parenting practices are not necessarily innate, a large number of programs



*“Many of the skills children acquire are fundamentally dependent on their interactions with their caregivers and the broader social environment.”*

exist to help parents improve their parenting. Some programs are intended for all parents and children, while others target specific groups, such as single mothers, low-income families or parents of children with developmental problems.

“Parent support programs do not share a uniform intervention, but they do have a common goal — to improve the lives of children — and a shared strategy — to affect children by creating changes in parents’ attitudes, knowledge and/or behaviour,” explains Barbara Dillon Goodson, of Abt Associates Inc., USA. Parent-support programs seek to influence children’s outcomes by motivating changes in parents through a variety of supports, including case management that links families with services, education on child development and parenting practices, and social support through relationships with service staff and other parents.

“The challenge for Canadian health and social-service providers,” says Jane Drummond, from the University of Alberta’s Faculty of Nursing, “is to promote optimal parenting, but in a proactive and cost-effective manner.” The barriers are numerous: service fragmentation, narrowness of mandate, power differential created by provider expertise, and access difficulties because of location, language or hours of availability. “Because the

issues facing vulnerable families are rooted in an array of social, economic and political conditions that extend beyond the control of one service sector, government and community systems must collaborate to coordinate programs,” she states.

#### EFFECTIVE PROGRAMS

Despite the scarcity of large-sample studies or randomized control trials measuring the effects of parenting programs on child development outcomes, researchers have identified some characteristics of successful programs.

Carol M. Trivette and Carl J. Dunst of the Orelena Hawks Puckett Institute, USA, advocate a family-centred approach. “Research demonstrates that when community-based parent support programs provide a variety of parenting guidance and support options in a family-centred manner, parents’ confidence and competence is enhanced, and parents are more likely to interact with their children in ways that promote the children’s social and emotional development.”

Other research shows that programs combining work with parents and early childhood education have larger-than-average effects on both parents and children.

#### TARGETING SPECIFIC NEEDS

Goodson also found that more success-

ful programs targeted children with a specific need that had been identified by the parents, used professional rather than paraprofessional staff, and provided opportunities for parents to meet together and provide peer support.

Similarly, Shaw found that effective programs address specific types of child behaviour (e.g. developmental disabilities or child conduct problems) or target specific developmental transitions. They cover multiple parenting factors, such as consistent caregiving in preschool or daycare and maternal well-being. They devote enormous efforts to the initial training of staff and to maintaining the quality of the intervention over time.

For children with behaviour problems, Robert J. McMahon of the University of Washington advocates “parent training” programs, in which parents meet with a therapist who teaches them to use specific procedures to alter their child’s behaviour at home.

And for sceptics who might question the costs of parenting programs, he gives the dollar facts. “An economic analysis of the costs and benefits of several intervention strategies indicated that parent training was more cost-effective in preventing later crime than home visiting plus day care or supervision of delinquents,” McMahon concludes. Being a parent is never easy; programs to help parents are therefore essential. When parents are knowledgeable about child development and have access to professional and peer support, their parenting skills and behaviours are enhanced. And because parent-child interactions have a lasting effect on children’s social, emotional, behavioural and cognitive development, better parenting can only mean healthier, happier children. 🦋

Ref.: The articles of the quoted authors are available in: Tremblay RE, Barr RG, Peters RDeV, eds. Encyclopedia on Early Childhood Development – Parenting Skills [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development. Available at: <http://www.excellence-earlychildhood.ca>.

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# SINGLE MOMS NEED SUPPORT!

by Eve Krakow



**Many community programs try to reach out to single mothers to provide them with much-needed support. Researchers assessed the impact of one such program on maternal well-being and parenting.**

Nearly one in eight Canadian children lives in a family headed by a single mother. *"In general, this is a high-risk, high-needs population,"* says Dr. Ellen L. Lipman, a child psychiatrist at McMaster University in Ontario. Many single moms struggle financially and experience high levels of stress and depression. Their children are at greater risk of emotional and behavioural problems, academic failure and social difficulties. *"Yet we know from Ministry-level data that single mothers don't access services as much as those in two-parent families."*

Although the data do not explain the reasons for this, Dr. Lipman suspects that transportation and organization are key challenges, which is why community-based programs are so important for this population. Therefore, Dr. Lipman and her colleague, Dr. Michael H. Boyle, sought to evaluate the impact of a promising program on single mothers' well-being and parenting practices.

Single mothers of children between the ages of three and nine were recruited through community advertisements, and 116 participated in the study. Half were randomly assigned to a 10-week program of group sessions that provided social support and education. They were given bus and taxi fare to reduce transportation barriers. The other mothers were given a standard list of community resources (with the option to participate in group sessions at the end of the study).

The study showed that in the short term, mothers who followed the program reported significant improvement in their mood and self-esteem, but no significant changes in social support or parenting practices. Over the longer term, however, there were no significant differences between the intervention and control groups. *"To have longer-term effects, maybe we would need to make the program longer or add booster sessions and if we want to have an effect on other outcomes, such as parenting, maybe we need to revise the content,"* explains Dr. Lipman.

Leslie McDiarmid is Project Coordinator for the Ottawa site of *Better Beginnings, Better Futures*, a program that offers support and services to families with young children and targets low-income families, new immigrants and single moms. She says that even the study's findings of short-term improvement in maternal mood and self-esteem are meaningful.

*"This was a fairly simple intervention, and yet there were some significant effects. Now we need to take this information and say, what might give us additional outcomes, and make them last longer?"*

McDiarmid adds that for the project, research like this is important because service-providers are continually struggling with the issues of exposure, intensity and outcomes. *"At what point can you assume that support programs and services will provide the desired outcomes? It's very difficult to measure,"* she concludes. 🐾

*"Yet we know from Ministry-level data that single mothers don't access services as much as those in two-parent families."*



# SHOULD PREGNANT WOMEN RECEIVE MEDICATION FOR MOOD AND ANXIETY DISORDERS?

by Eve Krakow

**Contrary to previously held beliefs, pregnancy does not protect women against mood and anxiety disorders. Yet treating these disorders in pregnant women poses a particular challenge to doctors, who must weigh the consequences of prenatal exposure to medication against the consequences of exposure to the mother's unstable mood or anxiety.**

Researchers in British Columbia recently studied a group of mothers and their children to determine whether prenatal exposure to psychotropic medication had any lasting effects on the children. Specifically, they looked at internalizing behaviours (depression, withdrawal and anxiety) in four- and five-year-olds, and found that rates of internalizing behaviours in exposed children were not significantly different from those who had not been exposed. However, among children exposed to medication, as symptoms of maternal anxiety and depression increased, so did the children's internalizing behaviours.

This is the fourth study on this cohort. Researchers followed 22 children exposed to psychotropic medication *in utero*. Some of the mothers had been treated with Selective serotonin reuptake inhibitors (SSRIs), a class of anti-depressants, while others had also been given an anxiolytic drug. The control group was made up of 14 children of healthy, non-depressed and non-medicated mothers.

Dr. Pratibha Reebye, from the Infant Psychiatry Clinic of the Children's and Women's Hospital in Vancouver, was one of the researchers involved. She explains that at three months of age, infants of mothers who had been treated for more serious depression combined with anxiety showed more negative effects in affect

expression. Researchers began to wonder whether the anxiety was more detrimental, or the medication.

*"We expected to see more internalizing behaviours in these children exposed to both medications,"* Pratibha Reebye suggested. But the data showed no significant difference between them and the other children. *"Mother anxiety as a whole, however, was relatively significant, consistent with thousands of studies showing that the interactive style of mothers with anxiety and depression can be detrimental to infant development."*

Dr. Martin St-André, an infant psychiatrist at CHU Sainte-Justine in Montreal, says the current trend is to fear the disease more than its treatment. *"If a woman continues to*

*show strong symptoms of anxiety or depression, it could potentially affect her pregnancy or even the development of her baby,"* he said. Yet while most of the data currently available show that psychotropic medications are safe for the baby, many women are still concerned about the medium and long-term effects. *"So any findings that reinforce the safety of these medications are very useful, clinically."*

St-André adds that while psychotropic medications can be effective when used judiciously, a variety of non-pharmacological means exist to treat prenatal depression and anxiety, such as psychotherapy. *"For each case, we have to consider the best therapeutic option."* ❧



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## THE CENTRES OF EXCELLENCE PROGRAM WILL CONTINUE!

The Centres of Excellence for Children's Well-Being program will continue until 2008. The four Centres (Youth Engagement, Child Welfare, Children and Adolescents with Special Needs and Early Childhood Development) will continue to inform Canadians about the factors that influence the welfare of children and youth.

### FOR YOUR AGENDA ...

## "SET SAIL FOR QUALITY ON AN OCEAN OF CARING"

Conference, June 15 –17, 2007, Halifax, Nova Scotia

Join stakeholders, researchers, counsellors and trainers for this conference organized by the CEECD in collaboration with the Canadian Child Care Federation and its affiliates, including Child Care Connection NS. Speakers and facilitators will explore new and innovative approaches to enrich the quality of early learning and child-care programs.

For further information, visit the Web site: [www.cccns.org/ocean.html](http://www.cccns.org/ocean.html)

## ANNOUNCEMENTS FOR PARENTS

The Centre of Excellence on Early Childhood Development will soon be offering information sheets specifically designed for parents. The sheets summarize the most noteworthy announcements concerning various topics covered in our Encyclopedia. This project was made possible thanks to a financial contribution from the Fondation Lucie et André Chagnon.

For further information, monitor our site:

[www.excellence-earlychildhood.ca/encyclopedia](http://www.excellence-earlychildhood.ca/encyclopedia)

For more information about Parenting Skills, consult our articles by experts in the CEECD online encyclopedia, free of charge:

[www.excellence-earlychildhood.ca/encyclopedia](http://www.excellence-earlychildhood.ca/encyclopedia)

The Bulletin is a publication of the Centre of Excellence for Early Childhood Development, one of four Centres of Excellence for Children's Well-Being. Funding for the Centres of Excellence for Children's Well-Being is provided by the Public Health Agency of Canada. The opinions expressed in this publication are those of the authors/researchers and do not necessarily reflect the official views of the Public Health Agency of Canada.

The CEECD identifies and summarizes the best scientific work on social and emotional development of young children and makes this information available to service planners, service providers and policy-makers.

The Centre's partners are the Université de Montréal, Fondation Lucie et André Chagnon, CHU Sainte-Justine Research Center, Canadian Paediatric Society, Montreal Children's Hospital, Canadian Child Care Federation, University of British Columbia, Institut national de santé publique du Québec, Dalhousie University, IWK Health Centre, Centre de Psycho-Éducation du Québec, Queen's University, First Nations of Quebec and Labrador Health and Social Services Commission, Invest in Kids, Atkinson Centre for Society and Child Development.

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ISSN 1499-6219

ISSN 1499-6227