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Parenting Programs and Their Impact on the Social and Emotional Development of Young Children

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Introduction

Modifying parenting attitudes and behaviours has been a central focus of many programs designed to improve the social and emotional development of young children. The impetus for focusing on parenting is based on common sense and a large body of research demonstrating associations between parenting in early childhood and a number of later socio-emotional outcomes.[1,2] Even before formal research studies were initiated on the effects of early socialization practices in relation to children's later psychosocial outcomes, many community-based programs focused on parenting because of young children's physical and psychological dependence on caregivers. This emphasis on parenting has been bolstered since the 1940s, when research on the effects of early parenting was formally initiated.[3,4] Since then a plethora of studies, including those utilizing genetically informed designs, have found associations between caregiving behaviours in early childhood and later child outcomes.[5] A number of parenting

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dimensions have been associated with various types of child adjustment. On the positive side, early caregiving characterized as sensitive, responsive, involved, proactive and providing structure has been associated with positive socio-emotional adjustment. Conversely, parenting in early childhood (from birth to five years) characterized as neglectful, harsh, distant, punitive, intrusive and reactive has been associated with various types of maladjustment. In general, parenting programs for young children have varied based on the theoretical orientation of the intervention model (e.g. social learning,[6] attachment[7]), the developmental status of the child (e.g. prenatal, infancy, preschool-age), and the breadth of child behaviours targeted for intervention (e.g. externalizing problems, social and cognitive outcomes). Some programs are held with groups of parents,[6] others work with individual parents and are typically home-based,[8] while others incorporate parenting as part of a school- or daycare-based program.[9,10]

Subject

In the last 20 years, parenting programs initiated in early childhood have been increasingly targeted at families whose children are at increased risk for poor social and emotional outcomes. During the prenatal and infant periods, families have been identified on the basis of socioeconomic risk (parental education, income, age[8,11]) and/or other family (e.g. maternal depression) or child (e.g. prematurity and low birth weight[12]) risks; whereas with preschoolers a greater emphasis has been placed on the presence of child disruptive behaviour, delays in language/cognitive impairment and/or more pervasive developmental delays.[6] With an increased emphasis on families from lower socioeconomic strata, who typically face multiple types of adversity (e.g. low parental educational attainment and work skills, poor housing, low social support, dangerous neighbourhoods), many parenting programs have incorporated components that provide support for parents' self-care (e.g. depression, birth-control planning), marital functioning and/or economic self-sufficiency (e.g. improving educational, occupational and housing resources).[8,13,14] This trend to broaden the scope of "parenting" programs mirrors recent findings on early predictors of low-income children's social and emotional skills. For children living in poverty, although parenting has been shown to be a consistent predictor of later child functioning, other factors in the child's social environment have been found to contribute independent variance to children's adjustment, effects that are not accounted for by parenting.[15] Such factors include parental age, well-being, history of antisocial behaviour, social support within and outside the family, and beginning around age three to four in Canada's most impoverished communities, neighbourhood quality.[16]

Challenges, Research Context and Key Research Questions

Although scores of parenting programs for young children have been and are currently being used in communities throughout North America, in only a relatively few cases has their long-term efficacy been tested using comparison groups, much less with a randomized control trial (RCT).[17,18] Thus, drawing firm conclusions about their effectiveness in improving young children's social and emotional outcomes is limited to a few investigators who have used more rigorous methods. Even in cases where appropriate comparison groups have been utilized, there are a couple of important caveats worthy of mention. First, in studies in which parents are the sole informant on child outcomes following intervention, there is a potential for reporting bias, as parents might be more invested in the intervention condition and motivated to report improvements in child functioning than parents in control groups. Second, early studies that were limited to parenting per se and that did not address other issues in the child and his/her ecology (e.g. child verbal skills, family's socioeconomic context and parental well-being) found rather modest effect sizes that tended to dissipate over time and across context (e.g. average effect sizes below .20, little long-term generalization to child behaviour at school[19]). Third, and related to parenting programs expanding to incorporate ecological factors (e.g. parental well-being, economic self-sufficiency), it is becoming increasingly difficult to unpack the effects of specific components of multifaceted interventions. While ideally it should remain a goal to identify and attribute changes in child behaviour to specific changes in parenting, this aim might become less realistic to achieve as more parenting programs apply a multisystemic perspective to targeting the multifaceted needs of families from high-risk environments.

Recent Research Results

Rather than provide a systematic and exhaustive review of the literature, the goal is to identify promising work and themes across studies that might lead to similar positive outcomes in future work. As noted earlier, because of the relative dearth of studies that have randomly assigned families to a family-based intervention, it is not a difficult task to pare down the number of methodologically elite projects. In terms of how the design of a study might compromise the credibility of its findings, it is important to note that effect sizes of parent support programs tend to be consistently higher for those studies using less rigorous designs (e.g. pre-post studies without control groups) and consistently lower for randomized studies.[19] Despite these caveats, there are emerging themes that characterize many successful programs.

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- **Specificity does matter**. Parenting programs that address specific types of child behaviour (e.g. developmental disabilities, child conduct problems) or target specific developmental transitions (e.g. becoming a parent, the "terrible twos") seem to be more successful than those that treat a wide range of problem behaviours or a wide age range of young children.[6,8,14]
- **Covering multiple domains**. Successful programs tend to emphasize parenting and factors that might compromise its functioning, including consistent caregiving in other contexts (e.g. preschool, daycare), and maternal well-being, the family's economic independence and marital quality.[6,8,14]
- **Careful training of interventionists**. The most successful programs tend to devote enormous efforts to initial training of staff and maintenance of intervention fidelity over time.[6,8] There is also some support for the use of professional staff over para-professionals,[19] but some of this research is confounded by the quality of staff training in these studies (i.e. the studies that tend to use professionals also tend to have more intensive training and follow-up).
- **Interventionist's ability to engage parents**. Successful programs have developed ways to maximize parents' investment by emphasizing the importance of young children's development and linking it to parenting skills and parents making healthful decisions about their own well-being.[6,8,14] In addition to covering multiple domains of family life, successful programs generally include repeated and intensive contact with parents ranging from several months to one or two years.

Two prime examples of successful programs with young children include the programmatic work of Olds and colleagues[8,20,21] and Webster-Stratton.[6,22] Despite differences in their theoretical emphasis, timing of the intervention (prenatal period and infancy versus preschool to early school age) and their structure (home-based, one-on-one contact versus meeting in a group format at a clinic), the two programs share the four commonalities described above. Olds' model engages mothers during pregnancy and immediately following the delivery of their infant to promote maternal health and quality of the infant-parent relationship. It has now been validated in RCTs with three large cohorts of children at heightened risk for maladaptive outcomes.[8,20,21] While including a component to improve the quality of the mother-infant relationship (79% lower rate of child maltreatment in intervention vs. control group), the intervention also stresses changes in maternal health-related behaviours during pregnancy (i.e. smoking, drinking alcohol)

and in health and lifestyle choices during the child's early years (e.g. 43% lower rates of subsequent pregnancy, 84% higher participation in work force). Group differences have been found in several domains at age 15, with youth in the intervention group demonstrating significantly fewer arrests and convictions than adolescent offspring in the control group. Results from an initial study conducted in rural New York have been followed up in Memphis and Denver, communities that are more urban and more ethnically diverse families than the original cohort. Early follow-up results from the Memphis sample suggest similar but more muted effects on children's problem behaviour (i.e. maternal but not teacher reports show intervention effects) and maternal functioning (e.g. fewer subsequent pregnancies and a lower rate of pregnancy-induced hypertension) up to age six. Importantly, the intervention targets multiple issues at a time of developmental transition, including the mother's health behaviours, the quality of the environment parents are generating for the child (e.g. maternal work skills, number of subsequent children born in the next couple of years), and parenting skills.

The programmatic work of Webster-Stratton and colleagues is also notable. Whereas Olds' work has focused on the challenges of becoming a parent (i.e. program limited to first-time parents), Webster-Stratton has targeted the late preschool period and the transition to formal schooling, when children's emotion regulation skills are becoming more stable and tested in the context of full-day school settings.[6,22] A central focus of Webster-Stratton's program is parent management training to promote child social competence and prevent the development of conduct problems. In service of this goal, parents learn to observe their child's behaviour in an objective, unemotional manner and to implement appropriate consequences in response to disruptive behaviour. Webster-Stratton conducts parent-training sessions in groups using carefully refined videotapes, where parents can observe ways to manage children's behaviour and simultaneously learn from group leaders and other parents' experiences. Although begun primarily as a parenting intervention, the scope of the program has expanded to include a teacher-based classroom management component and a child-based component to improve regulation strategies and school readiness. In repeated RCTs with samples ranging from clinically referred middle-class preschoolers to low-income Head Start preschoolers at risk for psychosocial adjustment, significant improvements have repeatedly been found one to two years following the intervention in promoting children's prosocial adjustment and reducing children's problem behaviours.

Conclusions and Implications

Recent innovations in the scope of parenting programs are promising. Initial parenting programs have evolved to incorporate findings from developmental psychopathology that highlight the influence of child and parent attributes, as well as family and community factors that might compromise parenting and child psychosocial development. Greater methodological care is also becoming more normative in evaluating the efficacy of individual parenting programs, including the increasing use of RCTs. Substantively, the data suggest that parenting programs that also encompass the child's and family's social ecology, including contexts outside the home where the child spends significant time, are more likely to be associated with lasting improvements in child outcomes. The work of Olds and Webster-Stratton exemplifies the progress that has been made in the field. These model programs also suggest the need to re-evaluate the appropriateness of using the term "parenting programs" to describe the scope of successful family-based interventions for young children. Clearly, the most promising strategies incorporate parenting as a central foundation, but model programs also incorporate additional components to address critical aspects of the child's and parents' social context. These additions to traditional parenting programs appear to be key ingredients for maximizing children's potential for positive social and emotional development within and outside the home.

References

1. Renken B, Egeland B, Marvinney D, Mangelsdorf S, Sroufe A. Early childhood antecedents of aggression and passive-withdrawal in early elementary school. *Journal of Personality* 1989;57(2):257-281.
2. Shaw DS, Gilliom M, Ingoldsby EM, Nagin DS. Trajectories leading to school-age conduct problems. *Developmental Psychology* 2003;39(2):189-200.
3. Baldwin AL, Kalhorn J, Breese FH. Patterns of parent behaviour. *Psychological Monographs* 1945;58(3).
4. Baumrind D. The development of instrumental competence through socialization. *Minnesota Symposia on Child Psychology* 1972;7:3-46.
5. Collins WA, Maccoby EE, Steinberg L, Hetherington EM, Bornstein MH. Contemporary research on parenting: The case for nature and nurture. *American Psychologist* 2000;55(2):218-232.
6. Webster-Stratton C, Hammond M. Treating children with early-onset conduct problems: A comparison of child and parent training interventions. *Journal of Consulting and Clinical Psychology* 1997;65(1):93-109.
7. Lieberman AF, Weston DR, Pawl JH. Preventive intervention and outcome with anxiously attached dyads. *Child Development* 1991;62(1):199-209.
8. Olds DL. Prenatal and infancy home visiting by nurses: From randomized trials to community replication. *Prevention Science* 2002;3(3):153-172.
9. Campbell FA, Ramey CT, Pungello EP, Sparling J, Miller-Johnson S. Early childhood education: Young adult outcomes from the Abecedarian Project. *Applied Developmental Science* 2002;6(1):42-57.
10. Schweinhart LJ. *Significant benefits: The High/Scope Perry Preschool Study through age 27*. Ypsilanti, Mich: High/Scope Press; 1993.

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11. Brooks-Gunn J, McCormick MC, Shapiro S, Benasich A, Black GW. The effects of early education intervention on maternal employment, public assistance, and health insurance: the Infant Health and Development Program. *American Journal of Public Health* 1994;84(6):924-931.

12. Brooks-Gunn JC, McCarton CM, Casey PH, McCormick MC, Bauer CR, Bernbaum JC, Tyson J, Swanson M, Bennett FC, Scott DT, Tonascia J, Meinert CL. Early intervention in low-birth-weight premature infants: Results through age 5 years from the Infant Health and Development Program. *JAMA -Journal of the American Medical Association* 1994;272(16):1257-1262.

13. Gross D, Fogg L, Tucker S. The efficacy of parent training for promoting positive parent-toddler relationships. *Research in Nursing and Health* 1995;18(6):489-499.

14. Shaw DS, Dishion TJ, Supplee LH, Gardner F, Arnds K. A family-centered approach to the prevention of early-onset antisocial behaviour: Two-year effects of the family check-up in early childhood. *Journal of Consulting and Clinical Psychology*. In press.

15. Shaw DS, Bell RQ, Gilliom M. A truly early starter model of antisocial behavior revisited. *Clinical Child and Family Psychology Review* 2000;3(3):155-172.

16. Kohen DE, Brooks-Gunn J, Leventhal T, Hertzman C. Neighborhood income and physical and social disorder in Canada: Associations with young children's competencies. *Child Development* 2002;73(6):1844-1860.

17. Reynolds AJ, Ou S-R, Topitzes JW. Paths of effects of early childhood intervention on educational attainment and delinquency: A confirmatory analysis of the Chicago Child-Parent Centers. *Child Development* 2004;75(5):1299-1328.

18. Yoshikawa H. Long-term effects of early childhood programs on social outcomes and delinquency. *The Future of Children* 1995;5(3):51-75. Available at: http://www.futureofchildren.org/usr_doc/vol5no3ART3.pdf. Accessed March 6, 2006.

19. Layzer JI, Goodson BD, Bernstein L, Price C. *National evaluation of family support programs. Final report. Volume A: The meta-analysis*. Cambridge, Mass: Abt Associates; 2001. Available at: http://www.acf.hhs.gov/programs/opre/abuse_neglect/fam_sup/reports/famsup/fam_sup_vol_a.pdf. Accessed March 6, 2006.

20. Eckenrode J, Zielinski D, Smith E, Marcynyszyn LA, Henderson CR Jr, Kitzman H, Cole R, Powers J, Olds DL. Child maltreatment and the early onset of problem behaviors: Can a program of nurse home visitation break the link? *Development and Psychopathology* 2001;13(4):873-890.

21. Olds D, Hill P, Robinson J, Song N, Little C. Update on home visiting for pregnant women and parents of young children. *Current Problems inPediatrics* 2000;30(4):107-141.

22. Baydar N, Reid MJ, Webster-Stratton C. The role of mental health factors and program engagement in the effectiveness of a preventive parenting program for Head Start mothers. *Child Development* 2003;74(5):1433-1453.

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