Special Feature Article

Supporting Parenting Skills During Early Childhood in Parents with Parenting Difficulties

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Abstract

Many studies have shown that early parent-child relationships have significant impact on children's behavioral and emotional development and later outcomes. Parent-child relationship is influenced by the social environment in which the parent and child live, children's factors (temperament, disorders), and parents' factors (mental illness, trauma, marital status, and the parent's own experiences being brought up). Programs that support parenting skills play a part of the comprehensive interventions.

Parenting support programs can be broadly divided into those based on behavioral theory and those based on attachment theory. Programs based on behavioral theory mainly aim to help parents develop specific behavioral skills and consistent discipline skills to increase their children's prosocial behavior. Programs based on attachment theory aim to increase parental responsiveness and improve children's attachment. Decades of evidence show that interventions in each model improve the parent-child relationship and child outcomes. An overview of these programs and their potential contributions to child care support are provided.

Introduction

Many studies have shown that early parent-child relationships have a variety of effects on children's development. They affect children's behavioral, emotional, and physical development, and in recent years, some studies have reported that they cause substantive changes in the brain and changes in endocrine responses. In addition, early parent-child relationships have been associated with psychopathology when children reach adulthood, suggesting an impact on child outcomes. Because the parent-child relationship is affected by the social environment in which the parent and child live, factors on the child's side (temperament and disorders), and factors on the parent's side (mental illness, trauma, marital relationships, and the parent's own experiences being brought up), multimodal support is important during intervention. Programs that support parenting skills are part of this comprehensive intervention.

I. The Influence of Parent-child Interaction on Child Development

As an example of parent-child interaction, let us consider the interaction between a 3-year-old girl and her mother.

While her mother was folding laundry in the house, the girl was playing with blocks. She piled the blocks high and looked at her mother with pride, but her mother was too busy folding the laundry to notice. When the girl piled the blocks higher, they lost balance and fell over. The girl started crying and said "No!" Her mother chided her saying, "Don't cry so loud," "Stop crying". Next, the girl slapped her mother on the back, saying, "It's Mommy's fault that the blocks fell over!". The mother, feeling that hitting a parent is unacceptable, scolded the girl severely. She looked as if she was about to raise her hand in anger....

The interaction between a parent and child is bidirectional. Parents and children respond to each other's actions and feelings by making adjustments. It is thought that these small interactions accumulate and influence the child's behavior and emotional development.

In the aforementioned example, what factors are behind the interaction, and what kind of support is necessary? First, it is necessary to evaluate whether this interaction is typical for this parent and child. The response will differ depending on whether either the parent or child is temporarily sleep-deprived, or whether this interaction is a vicious cycle that is repeated on a daily basis. In addition, it is necessary to consider

not only the parent and child, but also the environmental factors surrounding the parent and child.

Factors that influence parent-child interactions include environmental factors, factors on the parent's side, and factors on the child's side, and support often requires multifaceted evaluation and support. Direct support for parent-child interaction can be broadly classified into two methods of approach: "developmentalist model" and "behavioral model" 25). In the previous example, the mother could not afford to take pleasure in her child's play and had the belief that "children should not hit their parents". Thus, an approach that intervenes in the internal elements of parent-child interactions, such as the thoughts, feelings, and beliefs of the parent, is called a developmentalist model approach. On the other hand, the mother did not speak to the child during play and scolded the girl in a strong tone of voice when she slapped her mother's back. This type of intervention with observable external factors such as parental behavior and reactions is called a behavioral model approach. Evidence-based therapeutic interventions for each are outlined.

II. Developmentalist Model Approach

1. Attachment Theory

An approach founded on developmentalist model is mainly based on attachment theory. Attachment is an emotional bond that children form with significant others 5). It is a biological function that protects infants from danger. When infants feel danger or fear, they exhibit attachment behavior. These behaviors include signals such as crying, smiling, and vocalizing, movements such as gazing, following, and approaching, and contact such as climbing, hugging, and cuddling. Caregivers can give children a sense of security by noticing these signals and caring for them. The sense of security that comes from being close to the object of attachment can be seen throughout the child's life.

Infants adopt strategies that help them feel secure, depending on how their parents respond, and these strategies define individual differences in attachment. Ainsworth, M.D.S. et al. used the Strange Situation method to classify the nature of attachment into: avoidant, secure, and resistant/ambivalent categories 1). It has been suggested that the quality of attachment formed in early childhood influences children's later development 28). Research has shown that children classified with avoidant and resistant/ambivalent insecure-type of attachments are more likely to develop psychopathology in adulthood, suggesting a relationship with introverted mental disorders such as

depression and anxiety and problems with disruptive behaviors 13).

In addition to the three attachment patterns presented by Ainsworth and colleagues, Main, M. and Solomon, J. proposed a "disorganized/disoriented" attachment 23). Abuse, neglect, and unresolved parental trauma are considered risk factors. If the parent continues to engage in behaviors that threaten the child, the child who approached the parent for a sense of security will feel even more threatened by the parent and will be unable to approach or move away from the parent even if he or she feels anxious or afraid. This makes it difficult for the child to behave consistently. The developmental course of children with this type of attachment has been suggested to increase future problem-behaviors, especially aggressive behaviors, compared with children showing secure or insecure attachment 11). In addition, there are research reports showing effects not only on behavior but also on endocrine responses to stress and brain morphology 22).

2. Intervention Based on Attachment Theory

Secure attachment at an early age has a long-term and significant impact on later development. For this reason, interventions based on attachment theory aim to increase parental responsiveness and promote the formation of secure attachments with their children.

1) Child-Parent Psychotherapy

Child-Parent psychotherapy is a relationship-based therapy for infants and toddlers up to five years of age and their parents 20). Conducted in a playroom or at home, sessions are unstructured, focus on emotional communication between parents and children, and are based on multiple theories including psychodynamic, cognitive-behavioral, social learning, and attachment.

Its effectiveness has been supported by multiple randomized controlled trials (RCTs), which have reported reductions in parental stress, increases in the proportion of secure attachment in children, and improvements in children's behavior 7)21).

2) Attachment and Biobehavioral Catch-up

Attachment and Biobehavioral Catch-up, created by Dozier, M. et al., is a manual-based program that consists of 10 home visitation sessions 9). The program targets children aged 6-24 months and caregivers from high-risk families of abuse and neglect. The theory involves explaining to the caregivers about how to respond when a child is stressed, let the child take the lead, and avoid behaviors that threaten the child, and coaching is provided on

the spot or via recording through play that encourages appropriate parental behavior.

It has been reported that this intervention reduces the rate of disorganized attachment in children at high risk of abuse, improves the diurnal variability of children's cortisol, and reduces negative emotions and anger directed toward parents 4).

3) Circle of Security

The Circle of Safety is a program of 20 sessions for a group of 5-6 at-risk caregivers with children under 5 years of age 14). Parents and children participate in the Strange Situation method before and during the intervention, respectively, and have discussions with the therapist based on video recordings. Implementation of the program has been shown to reduce the proportion of disorganized and insecure attachments 14).

The "Circle of Security - Parenting Program," developed as a simplified version since 2007, is a psychoeducational program 18). It teaches groups of caregivers to understand what children want from their parents and how to respond to those needs, using DVD videos.

III. Behavioral Model Approach

1. Behaviorist View

Behavioral approach is based on several studies.

Baumrind, D. created a classification of parenting attitudes based on observations of parents and children, and conducted a subsequent study of child prognosis 3). The group with high parental demandingness and high parental responsiveness was referred to as those with an "authoritative" parenting attitude, and the children in this group tended to have high self-esteem, high emotional control, and good social skills. The group with high parental demandingness and low parental responsiveness and warmth was referred to as those with an "authoritarian" parenting attitude, in which children tended to have low self-esteem, anxiety, withdrawal, and dissatisfaction, although they did well in school. Girls tended to give up more easily, and boys tended to be more aggressive. The group with low parental control and high responsiveness and warmth was referred to as those with a "permissive" parenting attitude, in which the children showed difficulty in controlling their emotions, had high self-esteem but tended to be defiant, had difficulty in accomplishing tasks, and showed antisocial behaviors such as drinking and stealing more often. The group with low parental control and low parental responsiveness was classified as showing "rejecting-neglecting". Baumrind's study showed that the authoritative parenting attitude led to

the best child outcomes, indicating the need for moderate responsiveness to children and moderate demandingness.

Patterson, G.R. revealed that parent-child behavior results in negative interactions based on Bandura, A.'s social learning theory, which he named coercion theory 2)24). In parent-child interactions, children learn by the results of their actions, and at the same time, they form behaviors using their parents as models. In intervention, it is important to identify non-functional patterns that are repeated in parent-child interactions.

For example, a parent gives an instruction and the child refuses to follow the instruction by screaming or swearing. The parent learns that if he or she gives up and withdraws, the child will calm down. At the same time, the child learns that if he talks back, the parent will back down, and a vicious cycle occurs. Here is another example. Suppose a parent gives instructions, the child resists and does not listen, and the child obeys only when the parent yells, hits, or threatens. When the child temporarily complies with such harsh discipline, the parent gains trust in the aggressive discipline and risks escalating to serious violence. As this cycle of coercion is repeated, it becomes fixed as a pattern of negative interactions, and discipline becomes inconsistent, thus prolonging the child's extraverted problem behavior.

Interventions based on behavior theory, founded on functional analysis, aim to change the pattern of parent-child interactions and help parents acquire parenting attitudes and skills that reduce their children's problem behaviors. Specifically, the intervention uses selective attention, which focuses on the child's positive prosocial behaviors and does not focus on inappropriate behaviors, and clear rules are established to reduce negative and aggressive interactions and increase warm and positive interactions.

2. Behavior Theory-based Interventions
1) Parent Training

Parent Training is a group therapy for parents of children with developmental disabilities that can be implemented in several ways, but most often consists of around five to ten sessions. Through lectures and role-plays, parents are taught how to understand and interact with their children based on behavioral theory, parents practice the skills they have learned with their children, and the group discusses the results. Parent Training has been shown to reduce defiant behavior and behavior problems in children with attention-deficit/hyperactivity disorder (ADHD). In addition, parents are better able to manage their children's behavior appropriately, which has been shown to

improve children's behavior at home 16). 2) Positive Parenting Program (Triple P)

The Positive Parenting Program (Triple P) is a program for parents of children aged 2 to 16 26). The program is conducted in multiple formats, including individual and group sessions of around 5 to 10 sessions, all of which present information on how to improve their children's behavior. Triple P has been shown in a meta-analysis to improve children's social, emotional, and behavioral outcomes and parents' parenting behavior 27).

3) Parent-Child Interaction Therapy (PCIT)

Parent-Child Interaction Therapy (PCIT) is an individualized parent-child psychotherapy based on behavioral therapy 10). The main feature of PCIT is that the therapist provides direct live-coaching to the parent during the interaction between the parent and child. The program is targeted at children between 2 and 7 years of age and their caregivers, but it can be implemented with some modifications for older children as well. It has been developed with the aim of improving children's externalizing problems, meta-analysis has confirmed that it is effective for children who exhibit disruptive problem behaviors before school age 8), and its effectiveness in Japan has also been reported 17). A decrease in the recurrence rate of abuse 6) and a reduction in parenting stress as parents develop effective skills have been observed, and improvements due to treatment have been shown to be maintained for several years after its completion 15).

4) Parent-Child Interaction Therapy for Toddlers (PCIT-T)

PCIT is intended for children 2 years of age or older, but PCIT for Toddlers (PCIT-T) is a modified intervention for children 12 to 30 months of age and their parents 12). Disruptive problem behaviors in this age group are not due to negative and fixed interactions, as indicated by Patterson's coercive theory, but are viewed as a sign of developing emotional dysregulation. Since the child is in a period of emotional and behavioral adjustment through the parent-child relationship, the strategy is based on attachment theory in addition to the behavioral theory used in PCIT. Specifically, parents are coached directly on how to respond to their children's emotions, and parents are also coached on their own emotional regulation skills. PCIT-T has been shown in RCTs that it shows improvements in parenting skills, increases in emotional responsiveness, and improvements in children's behavior 19).

IV. Commonalities between Approaches

Based on Developmentalist and Behaviorial Models

Although developmentalist and behavioral model approaches have different perspectives, they share some common elements.

The developmentalist model approach deals with internal factors, such as parental thoughts, feelings, and beliefs, with the goal of enhancing parental responsiveness and promoting secure attachment with the child. It was shown to increase the proportion of secure attachments in the intervention programs introduced. At the same time, some studies have reported improvements in children's problem behaviors.

The behavioral model approach deals with external factors such as parental behavior and reactions, and aims to improve parental caregiving skills and reduce children's problem behaviors. In the behavioral model program, improvements in parental responsiveness and quality of attachment were also observed, along with reductions in children's problem behaviors. Thus, each approach do not conflict but rather is interrelated with each other.

The choice of which approach to use is influenced by the therapist's background and specialities, but there is a common need to be aware of which approach is being used to support the parent-child relationship and be mindful of the expected goals. The approach used should be expedited so that it meets the needs of the parent and child and matches the speed of the child's development. In the case of families with many difficulties due to environmental factors, intervention in the parent-child relationship alone is not sufficient; comprehensive support in collaboration with other organizations is recommended.

Regardless of the model, when intervening in the parent-child relationship, it is important to give sufficient consideration to the relationship between the therapist and parent. The relationship between the therapist and parent is a parallel process to that between the parent and child. In other words, it is important for the therapist to support the parent in an "authoritative" manner and focus on and praise the positive involvement that the parent has already shown, so that the parent can acquire appropriate parenting skills and a sense of self-efficacy. It is also important for the therapist to be "moderately sensitive" and respectful of the parents' stance and wishes, and to listen to the parents' concerns and questions. This attitude can serve as a model for parents in their interactions with their children, enabling parents to treat their children with an "authoritative" parenting

attitude, focus on their children's positive behaviors, and support their children in developing their own independence. In addition, "moderately sensitive" nurturing, respecting the child's wishes, and treating the child empathetically will enable the child to feel secure and develop self-esteem.

In parenting, there are various values concerning discipline methods, the relationship between parents and children, and the ideal family image. The potential values, cultural backgrounds, and beliefs of the therapist must also be taken into consideration.

Conclusion

Early support is important because early parent-child relationships influence the child's development and prognosis. There are two types of interventions to support parenting skills: those based on behavioral theory and those based on attachment theory, and there are several intervention programs that have shown evidence of improving child outcomes. As a common element, the therapist's reflection of their self is important because the way the therapist treats the parent or caregiver is recognized as a parallel process that affects the parent-child relationship.

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