

PARENTING AT SPECIFIC STAGES OF CHILD DEVELOPMENT

Note: The full version of this portion of the 2005 Parent Education Literature Review is posted at http://ag.udel.edu/extension/fam/professionalresources/parentEd/pdf/SP_PE_DOC3_Stages.pdf.

Also included in this section are [Middle Childhood](#) and [Pre-Adolescence and Adolescence](#).

Promoting prenatal care is especially urgent for single, poor, and minority girls and women.¹ Substance users are more likely to delay prenatal care than non-users.²

- Interventions at the time of transition to parenting are welcome because new parents are seeking information and support.³
- Based on current scientific knowledge about child development, seven essential parenting behaviors between birth and 18 months are:⁴
 - encourage exploration
 - mentor in basic skills
 - celebrate developmental advances
 - rehearse and extend new skills
 - protect (and comfort)
 - communicate
 - guide and limit

Social and emotional development

"Children grow and thrive in the context of close and dependable relationships that provide love and nurturance, security, responsive interaction, and encouragement for exploration. Without at least one such relationship, development is disrupted and the consequences can be severe and long-lasting. If provided or restored, however, a sensitive caregiving relationship can foster remarkable recovery" (pg. 389).⁹

- Support for new mothers is important to prevent or reduce the severity of postpartum depression, which is related to adverse outcomes for infants, children, and adolescents.^{5,6}
- Including fathers has the potential to increase support for mothers and to enhance interaction with the child.^{7,8}
- Caregiver sensitivity promotes secure attachment, emotional competency and self-regulation, which support social and cognitive competency. Parents support emotional and social growth when they interact with infants and children in a warm

and supportive manner, avoid harsh discipline¹⁰ and protect them from traumatic experiences, which negatively affect brain development.¹¹

- Parent-focused interventions to promote attachment strive to enhance parenting abilities, knowledge and nurturance. Child-focused interventions involve efforts to adjust sleep-wake cycles, provide behavioral and emotional therapy, and encourage parents to hold babies in positions that foster interaction.¹²
- Factors which negatively affect parental attachment behaviors are no prior close relationship, young age, postpartum depression, substance use/abuse, insufficient social support, and high levels of stress due to environmental conditions. Especially vulnerable to insecure attachment are premature infants, children with difficult temperaments, and children with disabilities such as autism and Downs syndrome.⁹
- Children who have unresponsive or abusive caregivers experience long-term negative effects on their development. Preschool-age children of depressive mothers tend to lag behind other children in cognitive and language development¹³ and are more likely to exhibit poor behavioral development.^{14,15}
- Children with difficult temperaments need firm but loving discipline, rather than harsh or lenient parenting. The risk of early-onset conduct disorder increases if these children associate with deviant peers, do not bond well at school, and/or experience academic failure.¹⁶

Physical development

- Breastfeeding reduces infant mortality and may protect against Sudden Infant Death Syndrome, some forms of diabetes, obesity, and several other diseases. Breastfeeding with supplemental vitamins is recommended for the first six months, with iron-rich foods added gradually after that, and breastfeeding continuing through the first year. "Education of both parents before and after delivery of the infant is an essential component of successful breastfeeding" (pg. 498).¹⁷
- The most effective medical preventive intervention for infants and children is immunization (see a downloadable version of the 2005 immunization schedule at <http://pediatrics.aappublications.org/cgi/data/115/1/182/DC1/1>).
- To reduce the risk of Sudden Infant Death Syndrome (SIDS), infants should be protected from exposure to tobacco smoke and placed on their backs or sides while sleeping.
- Infants need visual and aural stimulation for sight and sound development. Developmental and general health screening reduces the incidence of preventable or untreated health problems and should include hearing, vision, motor development, hand-eye coordination, and language development. Screening and surveillance information is posted at <http://www.medicalhomeinfo.org/screening/index.html>.

- Act Early, a CDC effort to promote early detection of developmental delays, suggests measuring children's growth, not by weight and height, but by milestones. Developmental milestones at 3 and 7 months and at 1, 2, 3, 4, and 5 years of age are at <http://www.cdc.gov/ncbddd/autism/ActEarly/default.htm> .
- Because parents play a significant role in both the food preferences and exercise habits children develop in their early years, programs to address obesity prevention must include parents. Helping parents correctly perceive their child's weight is a necessary first step in addressing obesity prevention issues.¹⁸

Cognitive Development

- Emotional and social growth promotes cognitive development and contributes to school readiness.⁹ Children who start school with underdeveloped language and mental abilities are rarely able to overcome this handicap even with special assistance during elementary school.¹⁹
- One-on-one reading with an adult enhances emergent literacy skills during the late preschool period. "Frequency of exposure may be the most straightforward explanation of why the home is a more powerful venue for language development than school" (pg. 553).²⁰
- Risk factors for being educationally disadvantaged are poverty, living in a single-parent household, having an unmarried adolescent mother, neither parent having completed school, low parental IQ, and recent immigration from a non-English speaking country.²¹
- Interventions to improve school readiness should encourage low-income parents to interact with their young child in a warm and supportive manner, avoid harsh punishment, and be involved with the school to promote their child's academic achievement.¹⁰
- Center-based programs that include a parenting education and involvement component have had significant effects on school readiness through improved vocabulary, reading achievement, math achievement, and IQ.^{22,23} In some programs, effects have endured through adolescence.²⁴
- Seven parenting behaviors which influence school readiness are nurturance, discipline, teaching (strategies for conveying information or skills to a child), language (quality of parent-child communication), provision of cognitively and linguistically stimulating materials, monitoring, and management (scheduling events and rhythm of the household).²²

Non-family care

- **Quality of non-family care for infants and toddlers is a crucial factor in subsequent development.²⁵ Poor quality care during the first year of life is associated with poor adjustment. Even poor care given during subsequent years does not have as great an effect.²⁶**
- Good quality child care has a positive influence on school readiness and school success in the early elementary years, particularly for children who face other risks such as a less supportive family.²⁵ The indicators of good quality care are group size, staff-child ratios, caregivers' behavior toward children, and caregiver training.²⁷ Low wages often result in significant staff turnover and interruptions in child-caregiver relationships which are so crucial to young children, especially infants and toddlers.²⁸
- Additional benefits may accrue to children enrolled in quality early education programs such as Head Start because of the parent involvement component, which includes parenting education and encouragement for continuing parent development.²⁹

MIDDLE CHILDHOOD

During this stage of development, children are experiencing significant cognitive, emotional, and social transitions. Parenting methods need to change to accommodate the child's increasing maturity and to support development which will lead to positive long-term outcomes such as school performance, peer relationships, and general competence.³⁰

- The most consistently duplicated research finding about development during middle childhood is the association between authoritative parenting and positive child outcomes. Authoritative parenting is characterized by warmth and responsiveness with age-appropriate expectations for social and academic behavior.
- Coercive or punitive parenting styles appear to foster acting out behaviors. Conversely, a permissive parenting style may also lead to behavior problems during adolescence.³¹ NOTE: Authoritarian parenting in minority families may not be characterized by the same level of harshness as is associated with authoritarian parenting by White parents and may be perceived differently by children and adolescents because of cultural experiences. See "Parents in racial/ethnic/cultural groups" in the section on Groups of Parents.
- Parents promote academic and social competence by being flexible in adapting to the increasing capacity of children in the years 6-12 and by maintaining a child-centered focus. Optimally, parental level of control decreases as children develop competency in regulating their own behavior.
- Monitoring children's behavior and responding at a level of control which is neither restrictive nor permissive allows children to explore their worlds within safe boundaries. Appropriate discipline methods include ignoring, using logical consequences, loss of privileges, and problem-solving. Firm but rational control of behavior includes helping children understand why behavior is good or bad.
- Parents and teachers must work together to promote congruence between the home and school on issues such as the importance of learning, appropriate discipline, and positive social development. Creating a positive learning environment at home, encouraging positive attitudes toward education, and expressing high expectations of children's success have a powerful impact on student achievement through the school years.^{32,33,34}
- **Parental support of their child's school experiences during elementary and middle school has been found to contribute to the mental health and resiliency of children living in poverty.**³⁵ Parents less likely to be involved are those who have little education, have had bad school experiences, do not speak English, or believe that the role of parents and teachers are separate.^{33,36,37}

Parents can influence each of these characteristics of children who succeed in school (pg. 37).³⁸

- They are eager to learn.
- They ask lots of questions, and they ask for help.
- They work hard and know that their effort matters.
- They have well-developed social and emotional skills.
- They are good at assessing their skills.
- Their parents are role models for learning.
- Their parents promote learning by "natural" teaching at home.
- Their family routines support doing well in school.
- Their parents are effective at setting and maintaining limits.
- Their schools have high expectations for student achievement, support teacher development, and communicate frequently with parents about their children.
- The most effective programs emphasize the importance of the parent and respond to cultural diversity.

NOTE: See the "Evidence-based Programming" section of this document for recommendations for family-focused interventions. Model programs to promote quality parent-child relationships and prevent problem behaviors of delinquency and substance use during this stage of development are on the web at http://www.dsgonline.com/Model_Programs_Guide/Web/mpg_index_flash.htm and http://modelprograms.samhsa.gov/template_cf.cfm?page=model_list. By Fall 2005, the address for the new web site for the National Registry of Empirical Prevention Programs will be www.nationalregistry.samhsa.gov.

PRE-ADOLESCENCE AND ADOLESCENCE

The most consistently protective factor for adolescent development is a positive parent-youth relationship.⁹

Emotional and social development in infancy and toddlerhood promotes cognitive development and school readiness. Avoiding problems in school significantly reduces the likelihood that adolescents in all ethnic/racial/cultural groups will participate in or experience substance abuse, suicidal ideation, violence involving guns, and early sexual activity.³⁹

Recent research suggests that "adolescence may be a sensitive or critical developmental period, much like early development in its ability to shape future trajectories and in the biological embedding of developmental experiences as the principal method through which this occurs" (pg. 49).⁴⁰ Dynamic brain growth during adolescence continues until the early 20s in an area which is thought to be related to behavior.⁴¹

With the delay of self-regulatory competence until early adulthood, typically more than a decade after the onset of puberty, there is a significant period in which risk taking behavior appears to be "normative, biologically driven, and inevitable" (pg. 57).⁴² Teens engage in more risky behaviors probably because (a) they are more susceptible to peer pressure, (b) they are more oriented to the present than the future, and (c) they are less able to regulate their emotional states.⁴³

- Because efforts to change adolescents' perception, appraisal or understanding of risk are unlikely to succeed until brain development leads to more mature judgment, interventions to limit opportunities for risky behavior are one way to help parents protect adolescents.⁴²
- Increasing the retail price of cigarettes⁴⁴ and an educational media campaign to reduce smoking among adolescents⁴⁵ are two societal approaches to support parental efforts.

As children approach puberty, many parents seek help because they are concerned that adolescence will be a difficult time in the parent-child relationship and that youth are at increased risk for problems. Parents' anxiety is often related to their child's transition to middle school and the increased importance of peers.

During adolescence parent-child relationships must change to accommodate teens' increasing need to make decisions and to take greater responsibility for their lives.⁴⁶

- While peers make up a larger part of adolescents' networks,⁴⁷ they typically do not displace or supplant family ties if teens feel they are supported and respected by their parents.
- In a well functioning family, adolescents as well as adults can express themselves and feel accepted as they are. Members interact in a mutually satisfactory way

because they understand and care about each other's needs.⁴⁸ Adolescents who are encouraged to participate meaningfully in the family's problem-solving efforts acquire skills as well as a sense of mastery in their environment.

Note: See the "Evidence-based Programming" section of this document for principles of effective family-focused interventions. Model programs to promote quality parent-child relationships and prevent problem behaviors of delinquency and substance use during this stage of development are on the web at

http://www.dsgonline.com/Model_Programs_Guide/Web/mpg_index_flash.htm and http://modelprograms.samhsa.gov/template_cf.cfm?page=model_list. By Fall 2005, the address for the new web site for the National Registry of Empirical Prevention Programs will be www.nationalregistry.samhsa.gov.

See also "Sexuality" in the "Issues" section for information on parenting interventions primarily for parents of pre-adolescents and adolescents.

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