“Good Enough” Parenting/ Caregiving

The Science of Resilience

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RRC - Evaluation and Training Institute

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Definition

"Good enough" parenting/ caregiving is the provision of care that meets or exceeds the basic emotional, psychological, and physical needs of the recipient. Caregiving is often seen as most important in early childhood, particularly in the first five years, when the person being cared for is less likely to be able to meet these basic needs on their own. While most of the literature on parenting/ caregiving focuses on the needs of children and youth, people of all ages need to feel cared for (Hoghughi, 1998).

'Parenting' roles are usually provided by biological, adoptive, or foster parents, and by other kinship caregivers. In the literature, this is distinguished from 'social support' which can be understood as paid or unpaid help by other relatives, teachers, peers, community carers, and more (Armstrong et al., 2005). However, some authors expand 'parenting' to include all those who take an active interest and involvement in a child's care and development (Hoghughi, 1998). In fact, particularly in instances where a child or youth is not able to access culturally traditional forms of parenting or caregiving, the caregiving they receive from other supportive adults in their lives can meet care needs (Mota & Matos, 2015). Importantly, "good enough" parenting/ caregiving is culturally appropriate caregiving (Anderson, 2018). For example, Zhong and colleagues (2016) note previous studies that showed Chinese youth experienced better outcomes when parents used authoritarian parenting styles – a style that has been shown to have poorer outcomes in Western children. Though Zhong et al. (2016) found otherwise in their study of Chinese elders, it is important to be mindful of cultural differences that may not be adequately represented in the literature discussed here.

What distinguishes "good enough" caregiving from inadequate caregiving? The academic literature discusses a broad range of intersecting qualities that can loosely be brought together under three categories: 1) Affective (emotional) qualities; 2) Directive (limiting) qualities; and 3) Directive (modelling) qualities. "Good enough" caregiving serves two important roles – to provide the person being cared for with affection/emotional support and to teach culturally-appropriate behaviours.

Affective or emotional caregiving qualities that have been shown to promote resilience include emotional responsivity and sensitivity (Anderson, 2018; Gil-Rivas & Kilmer, 2013; Humphreys et al., 2015; Jaffee, 2007; Koss et al., 2019; Perry et al., 2017; Yule et al., 2020; Zhong et al., 2016), parental warmth and affection (Bisby et al., 2017; Burt et al., 2013; Gil-Rivas & Kilmer, 2013; Hagan et al., 2012; Hoghughi, 1998; Humphreys et al., 2015; Taylor et al., 2009), belonging and acceptance (DiFulvio, 2011; Hagan et al., 2012), and emotional security or safety (Murray & Murray, 2010; Pasco Fearon et al., 2017).

Directive (limiting) qualities are those caregiving practices that setting appropriate limits and boundaries on child and adolescent behaviour; these qualities include clear parental expectations, directiveness, and limit setting (Anderson, 2018; Burt et al., 2013; Hoghughi, 1998; Koss et al., 2019; Swanson et al., 2011; Taylor et al., 2009; Zhong et al., 2016), child

supervision (Armstrong et al., 2005; Bisby et al., 2017; Delker et al., 2018), and consistent structure and discipline (Armstrong et al., 2005; Hagan et al., 2012; Koss et al., 2019; Swanson et al., 2011; Taylor et al. 2009).

Conversely, directive (modelling) qualities are ones that help to model appropriate behaviour for children and adolescents, which may include clear family communication (Armstrong et al., 2005), meaning making (Anderson, 2018), a positive outlook (Anderson, 2018; Armstrong et al., 2005), active involvement and reinforcing positive behaviours (Armstrong et al., 2005; Swanson et al., 2011), and cognitive stimulation (Hoghughi, 1998; Jaffee, 2007; Swanson et al, 2011).

Relationship to Resilience

There are two dominant pathways that explain the role of "good enough" parenting/ caregiving in bolstering resilience. First, "good enough" caregiving from infancy is said to promote ideal physiological, psychological, and social development. Second, "good enough" caregiving can help mediate the pathway from adverse experiences to poor outcomes. Both will be discussed in detail below.

"Good Enough" Parenting/ Caregiving and Development

Protective factors are those that do not directly impact risk factors but have an impact on improving outcomes even when risk factors not present (Swanson et al., 2011). As such, "good enough" caregiving is linked to positive outcomes in children and youth regardless of the risk or adversity they may experience.

Neurobiological Development

"Good enough" caregiving is strongly correlated with typical or expected neurological development in infants and young children. Consequently, poor quality caregiving can result in deficits in related areas. Parental relationships in infancy are said to regulate the hypothalamus-pituitary-adrenal (HPA) axis responsivity in children, which can serve as a buffer against stress. Secure attachments in infancy are associated with healthy or expected HPA axis response to stress in later childhood; conversely insecure attachments may result in either heightened or blunted HPA axis responses to adversity later in life (Pasco Fearon et al., 2017; Perry et al., 2017). Early maternal withdrawal has been associated with changes in neurological functioning, specifically enlarged eft hippocampal volume, which is associated with borderline personality disorder features and increased suicidality and self-harm in adults (Khoury et al., 2019).

Parental Warmth, Attachment, and Emotional Regulation

From the literature, it appears that the main way parental warmth and secure caregiver-child attachments contribute to resilience is by helping children to develop skills in emotional regulation. Consequently, an absence of these caregiving qualities in childhood can lead to deficits in the areas of emotional and behavioural regulation (Koss et al., 2019). Even when the

child's exposure to adversity is accounted for, studies have shown that high levels of caregiver warmth and emotional socialization (ex: emotion coaching) are associated with greater emotional regulation, social competence, and school readiness (Yule et al., 2020).

Secure attachment between children and caregivers is hypothesized to teach children stress-regulatory strategies and expectations of self and others, which facilitates their early exploration of the world. These skills later assist the child in adolescence by facilitating their explorations of sexuality, substance use, and other potentially risky behaviours. In adolescents with insecure attachments in childhood, where parents themselves were seen as a source of insecurity or danger, the threat processing ability of the adolescent may be disrupted (Delker et al., 2018). Additionally, poor quality attachments between children and caregivers can interfere with the child's ability to form attachments with other later in life (Hoghughi, 1998).

Caregiver Directiveness and Behaviour

Appropriate limit setting is an important way that children learn about socially appropriate and expected behaviours. Caregivers who set appropriate boundaries and expectations for children provide them with the social skills necessary for developing more positive social relationships with people in their environments (Hoghughi, 1998). However, overly controlling or 'authoritarian' parenting styles can contribute to negative outcomes in children. For example, a study by Swanson and colleagues (2011) showed that controlling parenting was negatively associated with ego resilience, which itself was positively related to academic success, social competence, and overall physical health. Another study found that high levels of maternal directiveness or control accentuated pre-existing genetic influences on childhood conduct problems (Burt et al., 2013). Finally, in a study of community-dwelling Chinese elders, exposure to authoritative (demanding and responsive) parenting styles in childhood were consistently associated with higher levels of mental resilience. Authoritarian styles (demanding and unresponsive), on the other hand, were associated with poorer outcomes and higher rates of depression and anxiety (Zhong et al., 2016). This suggests that caregiving must strike a balance between providing boundaries and structure with flexibility and warmth.

"Good Enough" Parenting/ Caregiving and Adversity

Compensatory factors are those that moderate the influence of stress/adversity on anticipated negative outcomes (Swanson et al., 2011). The caregiving factors most strongly associated with positive outcomes despite adversity is caregiver warmth and low levels of caregiver-child conflict.

Caregiver Warmth

Caregiver warmth and emotional sensitivity has been strongly associated with improved child outcomes following experiences of adversity. For example, in children who had experienced significant early adversity in the form of neglectful institutional care, being raised by sensitive adoptive parents lessened the impact of adversity significantly. Conversely, in

children raised in low-sensitivity adoptive homes, higher levels of preadoption adversity were correlated with deficits in emotional regulation – a correlation which was entirely mitigated by warm and sensitive caregiving (Koss et al., 2019). In a similar study, placement in quality foster care was shown to mediate the impact of psychosocial deprivation on the function of a child's stress response system, particularly for children placed in foster care before 24 months of age (McLaughlin et al., 2015). Additionally, for children at high-risk for developing conduct problems, low levels of maternal warmth accentuated environmental influences on childhood conduct problems (Burt et al., 2013).

Low-Conflict Caregiver-Child Relationships

In several studies, less conflictual relationships were associated with higher levels of well-being in children facing different kinds of adversity. Following natural disaster, negative child-caregiver interactions were found to potentially impede the child's ability to emotionally process their experiences and emotions (Gil-Rivas & Kilmer, 2013). Consequently, positive child-caregiver interactions should facilitate this process in a healthy way. The same was also found for childhood cancer survivors; higher-quality relationships with parents were strongly correlated with increased spiritual and psychological well-being, despite continued physical stress (Orbuch et al., 2005). The same is true for adolescents who are raised in institutional care – quality relationships with significant adults was correlated with elevated levels of psychological well-being (Mota & Matos, 2015).

In a study by Anderson (2018), less conflictual relationships between Black caregivers and children living in poverty is associated with greater preparedness for starting school. The author hypothesizes that positive relationships allow children to develop relationship building skills and self-management, which disrupts proposed pathways between poverty and parental stress to poorer academic achievement. Less conflictual relationships may also prompt parents to be more attentive to student's academic life (Anderson, 2018).

Case Study Example

One particularly relevant case study, briefly mentioned above, examined the role of high-quality adoptive care following institutional care marked by severe psycho-emotional deprivation. The care children receive in orphanages is seen as very emotionally neglectful, which leaves children at risk for many different kinds of developmental challenges. While placements into adoptive or foster homes are generally associated with significant improvements, there is still diversity amongst children who are placed in more supportive home environments. A study by Koss and colleagues (2019) assessed the parenting quality of adoptive parents of children formerly raised in institutional care. Parenting was assessed by researchers four times over the first two years postadoption, examining sensitivity/responsiveness, structure/limit setting, and consistency in routines. Adoptive parents were given several tasks to complete, which were coded by trained coders, and consistency in routines was assessed by examining three daily diaries. One of the most significant findings of this study was that postadoption parenting moderated the effect of severe preadoption adversity. In children who experienced severe preadoption adversity, adoptive parenting that was highly sensitive and responsive, as well as provided sufficient

structure and limit setting, was associated with better emotional regulation. The effect was so significant that the adoptive parenting essentially reversed the impact of preadoption adversity on emotional regulation difficulties.

Interventions

Family Bereavement Program (FBP)

Initially developed by Sandler and colleagues (1992) in the United States, this program is designed for caregivers, children, and adolescents following parental bereavement. The program is not strictly a parenting/caregiving intervention, but rather includes elements of effective caregiving as part of a holistic family approach to promote resilience following loss. Using this program, Hagan and colleagues (2012) found improvements in effective parenting in a 6-year follow-up of the Family Bereavement Program.

What does it involve?

A 12-week long preventative group-based intervention that includes separate components for caregivers, children, and adolescents. The intervention is targeted to address risk-factors (such as caregiver mental health) and resources (coping strategies) following bereavement. No boosters are involved. Topics include: “activities that focus on parent–child relationship quality, emotional communication skills, and consistency in the use of effective discipline” (Hagan et al., 2012, p. 185).

Evaluation

This program has been tested using randomized experimental trials and includes follow-up at one-year post program completion. Hagan et al. (2012) completed a 6-year follow-up study that examined effective parenting. However, findings cannot be generalized to programs that focus exclusively on caregivers, as part of what might make this program successful is the duality of working with caregivers and youth simultaneously.

Incredible Years Parenting Program

This program was developed by Webster-Stratton and Reid in the 1980s in the United States. The program is designed to address the parenting needs of families with children making the transition from home to school, which is a period of significant stress for children and during which child behavioural issues may emerge (Webster-Stratton & Reid, 2003). The program has also been successfully adapted for high-risk populations, including families involved in child welfare and foster parents (Koss et al., 2019).

What does it involve?

Building on social interaction learning theory, the Incredible Years Parenting Program is one part of a larger series of three teaching curricula, which focuses on teaching positive

parenting skills, such as: building nurturing relationships, effective discipline, parent problem-solving skills, enhancing family support networks, building consistency between school and home through parent-teacher interactions, and increasing involvement of parents in academic activities. The series contains both BASIC and ADVANCE parenting programs. The BASIC program is comprised on 26 hours, completed in 13-14 weekly 2-hour sessions in which video-taped vignette parenting practices are shown to a group of parents to teach foundational skills. In the ADVANCE program, parents move beyond basic parenting skills to address other social/environmental dynamics that influence parenting practices (such as marital discord, parental support, and environmental stressors). Like the BASIC program, this program also employs videotaped vignettes over 14 additional weekly sessions (Webster-Stratton & Reid, 2003).

Evaluation

Randomized controlled trials of the BASIC program (with children aged 3-8) began as early as 1981, with studies being conducted both by the original authors of the program as well as external researchers. In a study conducted by the authors which explored the outcomes of either the BASIC program or the BASIC + ADVANCE programs, they found that while both treatment groups experienced significant improvements in child adjustment and parent-child interaction, families who completed both groups experienced further benefits, including: improvements in marital satisfaction, improved parent communication, and problem solving skills (Webster-Stratton & Reid, 2003).

Attachment and Biobehavioural Catch-up (ABC)

Developed in the United States by Mary Dozier and colleagues in the early 2000s, this program is designed for parents/caregivers of children ages 6-24 months who have been exposed to early adversity, to help with their self-regulation and coping (although there is a version for older children that currently does not have as strong of an evidence base). The program was initially developed to address the experiences of foster children, who experience significant adversity in the home before being apprehended and moved into foster care, as well as disrupted attachment to caregivers (Dozier et al., 2006).

What does it involve?

The program involves 10-weeks of in-home intervention with parents of young children that focuses on sensitive parenting behaviour and creating nurturing environments.

Evaluation

At least 10 randomized controlled trials of this model have been conducted to test for effectiveness of the program on influencing child outcomes. The intervention has also been given Level 1 status by the California Clearinghouse, which independently accesses interventions for use in child welfare populations (Grube & Liming, 2018).

Website: http://www.abcintervention.org/about/

Assessment

Given the diversity of caregiving qualities assessed in the literature, there is no one scale that effectively measures "good enough" parenting/ caregiving. However, the following scales were used in the literature reviewed here and are relatively accessible to researchers:

Researcher Observation Scales

Home Observation for Measurement of the Environment – Short-Form (HOME-SF; Caldwell & Bradley, 1984)

- 20-24 items depending on child age, either observed in the home or answered by caregivers (Jaffee, 2007).
- There are two subscales:
    - Cognitive stimulus subscale – includes questions and observations about the physical environment and provision of stimulating materials and activities for the child.
    - Emotional support subscale – includes questions and observations about physical affection and the caregiver's response to the child' behaviour.

Revised Child Rearing Practices Report (CRPR; Rickel & Biasatti, 1982; Appendix A)

- Includes two self-report rating scales, one for the parent/ caregiver and one for an adult ally
- Used by Swanson et al. (2011)
- Measure available here: https://otf.ca/sites/default/files/survey_pyp1.pdf

Measures of Caregiver Sensitivity/Warmth

The Parental Bonding Instrument (PBI; Parker et al., 1979)

- 25-item questionnaire that assess parental styles as perceived by the child
- Two scales: care and overprotection/ control
- The measure is to be completed for both the mother and father separately
- Measure and scoring available here: http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.716.3877&rep=rep1&type=pdf

Child Report of Parenting Behavior Inventory (Schaefer, 1965)

- Schaefer (1965) originally created a 192-item, 18-scale inventory to collect children's reports of parental behaviour. While this scale showed good internal-consistency reliability, it has been shortened over the years.

- Burger and Armentrout reduced the measure to a 56-item six-scale version; this version was found to have good one-week and five-week reliability and a three-factor structure (Teleki et al., 1982):
    - Acceptance versus Rejection – involves the bipolar dimension of acceptance, emotional support, and equalitarian treatment on the positive end and ignoring, g, and rejection on the negative end
    - Psychological Autonomy versus Psychological Control – described the degree to which parents use covert, psychological methods of controlling the child's behaviour
    - Firm Control versus Lax Control – refers to the degree to which parents establish and maintain limits concerning children's activities
- Hagan et al. (2012) used two 16-item subscales for parental acceptance and rejection

Parental Acceptance-Rejection Questionnaire (PARQ; Rohner & Khaleque, 2005; Rohner & Ali, 2016)

- A self-report measure designed to assess children's current perceptions and adults' retrospective remembrances of the degree to which they experienced parental acceptance of rejection in childhood.
- Consists of four scales:
    - Warmth and affection (or coldness and lack of affection when reverse scored)
    - Hostility and aggression
    - Indifference and neglect
    - Undifferentiated rejection
- Four versions of the PARQ are available: (a) Early Childhood, (b) Child, (c) Adult, and (4) Parent
- The standard version contains 60 items; the short form contains 24 items
- The measure has been used and validated around the world
- The overall alpha coefficient (mean weighted effect size) aggregated across the child, adult, and parent versions and across all ethnic and sociocultural groups was .89
- Can be ordered from: https://rohnerresearchpublications.com/order-form/

Measures of Caregiver Directive Skills

Dyadic Routines Scale (Hagan et al., 2012)

- 7-items – adapted from Family Routines Inventory
    - e.g., ''Your caregiver had some time each day for just talking to you'
- α = .74 for youth; α = .76 for caregivers

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Appendix A: Child Rearing Practices Report

Rickel & Biasatti (1982)

Child Rearing Practices Report, Parent/Caregiver Questionnaire

Rating Scale: The scale ranges from 1=Not at all descriptive of me to 6=highly descriptive of me.

1. The child and I have warm intimate moments together.
2. I encourage the child to talk about his/her troubles.
3. I joke and play with the child.
4. I make sure the child knows that I appreciate what he/she tries to accomplish.
5. I encourage the child to wonder and think about life.
6. I feel that a child should have time to daydream, think, and even do nothing sometimes.
7. I talk it over and reason with the child when he/she misbehaves.
8. I find it interesting and educational to be with the child for long periods.
9. I encourage the child to be curious, to explore, and question things.
10. I find some of my greatest satisfactions in the child.
11. When I am angry with the child, I let him/her know about it.
12. I respect the child's opinion and encourage him/her to express it.
13. I feel that a child should be given comfort and understanding when he/she is scared or upset.
14. I am easygoing and relaxed with the child.
15. I trust the child to behave as he/she should, even when I am not with him/her.
16. I usually take into account the child's preference when making plans for the family.

Child Rearing Practices Report, Adult Ally Questionnaire

Rating Scale: The scale ranges from 1=Not at all descriptive of me to 6=highly descriptive of me.

1. I encourage the child to talk about his/her troubles.
2. I joke and play with the child.
3. I make sure the child knows that I appreciate what he/she tries to accomplish.
4. I encourage the child to wonder and think about life.
5. I feel that a child should have time to daydream, think, and even do nothing sometimes.
6. I talk it over and reason with the child when he/she misbehaves.
7. I find it interesting and educational to be with the child for long periods.
8. I encourage the child to be curious, to explore, and question things.
9. I find some of my greatest satisfactions in the child.
10. When I am angry with the child, I let him/her know about it.
11. I respect the child's opinion and encourage him/her to express it.
12. I feel that a child should be given comfort and understanding when he/she is scared or upset.

13. I am easygoing and relaxed with the child.
14. I trust the child to behave as he/she should, even when I am not with him/her.
15. I usually take into account the child's preference when making plans.

R2

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