



Resource Article

Inside this edition
Understanding
Different Parenting
Styles

In this KIT series we are exploring different parenting styles. Throughout this series we will learn about different types of parenting, discuss how they effect children and their development, and explore how to apply this knowledge in our everyday work with families in early intervention. Take a moment now to think about current or prior parenting styles that you've encountered. It can be yourself, a family member, a friend, or a family with whom you work. Can you already identify some different parenting styles? Understanding parenting styles can help us support caregivers in meeting their family's early intervention outcomes.

Our first article of this series by Arnott & Brown (2013) gives us insight into different types of parenting styles. Baumrind (1978) as cited in our current article informs us that parenting styles are characterized across two dimensions: warmth/nurturance and control. Combinations of these characteristics lead to three parenting typologies:

- Authoritarian: This parenting style is characterized by high levels of parental control paired with low levels of nurturing.
- Authoritative: This parenting style is characterized by providing warmth and responsiveness as needed or indicated by the child along with respectful control, as appropriate to the child's developmental level.
- Permissive: This style of parenting is characterized by low levels of control paired with high levels of warmth.

Which style do you think is associated with positive outcomes for children from early childhood through adolescence? If you guessed "authoritative" you are correct. Research studies have found that authoritative parenting styles are associated with positive outcomes for children in a variety of areas, such as behavior, cognitive development, and weight. It is important to note, however, that these parenting styles are applied for children 5 years and older. Research on parenting styles

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for children under 5 years and infants is particularly sparse according to Arnott & Brown (2013).

To gain insight into parenting styles for infants, Arnott & Brown (2013) identified 5 factors that reflect aspects of infant parenting: discipline, routine, nurturance, anxiety, and involvement. This is different from the two characteristics for older children (i.e., warmth/nurturance and control). In terms of parenting styles, the researchers compared infant parenting styles to the parent style categories we just reviewed, with some adjustments:

- **Authoritarian:** This parenting style is characterized by having a high emphasis in routine and low nurturing. For example, parents may follow strict routines for feeding, sleep, and day to day activities.
- **Authoritative:** This parenting style is characterized by having high nurturance with intermediate levels of routine and discipline. For example, parents may be highly responsive to their infants, and routines are flexible based on the child's needs.
- **Permissive:** This style of parenting was not applied to infants.

As stated before, research about parenting styles of infants is limited. Per Arnott & Brown (2013), western popular culture has introduced

a variety of parenting approaches aimed at new parents that have not been systematically studied. These parenting approaches instruct parents on how to interact with or respond to their children. Arnott & Brown (2013) explain that these parenting approaches are typically “parent-led” or “baby-led”. An example of a “parent-led” approach may suggest strict sleeping or feeding routines. On the other hand, an example of a “baby-led” approach may suggest following sleep and feeding cues of an infant or young child. Can you think of other infant parenting approaches that you have encountered?

As a provider, it is crucial that we are able to identify when parents are following “expert” advice that may not be research-based or systematically studied. This is not to say that any or all advice from these approaches should be discarded. A strategy from either approach may work for a family and their child. It is our duty to implement evidence based practices by taking into consideration research, family needs, and our provider knowledge and experiences, to help families achieve the priorities they have set for their children and family. Knowing about different parent styles can help us effectively understand and optimally help families.

Arnott, B. & Brown, A. (2013). An exploration of parenting behaviors and attitudes during early infancy: Association with maternal and infant characteristics. *Infant and Child Development*, 22, 349-361.

What do the data say?



What is the influence of culture on parenting?

Cross-cultural research affirms that different cultural groups share particular beliefs and behave in ways that have been reinforced over generations, thereby creating cultural norms unique to different cultures (Bornstein, 2012). These cultural characteristics shape parenting decisions and actions, influence children's experiences, and reinforce cultural norms. In fact, "culturally constructed beliefs can be so powerful that parents are known to act on them, setting aside what their senses might tell them about their own children" (Bornstein, 2012, p. 213). For example, mothers in rural Thailand were found to believe that newborns cannot see so they swaddled their infants leaving only a small opening for their eyes (Kotchabhakdi et al., 1987, cited in Bornstein, 2012).

In a study of mother-infant interactions in Argentina, Belgium, Israel, Italy, and the United States, Bornstein (2012) found that the mothers' behaviors, in terms of nurture, physical, social, didactic, material, and language behaviors, varied significantly by country. The cultural influences on parenting also shaped their children's competencies. For example, the mothers who encouraged more physical activity had more physically developed infants, mothers encouraging social interactions had infants who were more socially attentive, and the mothers encouraging their infants to engage in environmental exploration had infants who were more interactive with objects and materials around them.

Another cultural distinction is the emphasis on autonomy versus interdependence. Western European and North American countries tend to promote autonomy and independence. They encourage children to think of themselves as individuals and celebrate individual

accomplishments. Whereas collectivist societies in Asian, African, Southern European and South American countries place a sense of family and community above the interests of individuals, encouraging children to think of themselves in the context of relationships and social roles (Huang, 2018).

The nuances of caregiving are culturally influenced and "culture-specific influences on parenting begin long before children are born" (Bornstein, 2012, p. 216). Yet, while the cultural norms of parenting practices are varied, many aspects of parenting are universal, such as nurturing, protecting, feeding, and washing. Furthering this point, Papousek & Bornstein (1992) found that caregivers across (most) cultures modulated their speech, with their very young children, to be more simplified and repetitive to support their children's acquisition of language.

In 2006, the World Health Organization reported, in a multinational study of parenting practices, that caregiver responsiveness was recognized as one of the most universally important healthy parenting behaviors (Eshel, Daelmans, de Mello, & Martines, 2006). Responsiveness was defined as a three step process including observation (tuning into the child's cues), interpretation (considering the circumstances and reading the cues accurately), and action (responding quickly and consistently to meet the child's needs). Bornstein (2012) summarized the distinction of culturally influenced parenting similarities and differences in this way: "With so much emphasis on identification of differences among peoples, it is easy to forget that nearly all parents regardless of culture seek to lead happy, healthy, fulfilled parenthoods and to rear happy, healthy, fulfilled children" (p. 217). This is certainly an important point to keep in mind when working with all families.

Bornstein, M. H. (2012). Cultural approaches to parenting. *Parenting Science and Practice*, 12, 212-221. DOI: 10.1080/15295192.2012.683359

Eshel, N., Daelmans, B., I de Mello, M. C., & Martines, J. (2006). Responsive parenting: interventions and outcomes. *Bulletin of the World Health Organization*, December 84(12), 991-998. Accessed from: https://www.who.int/bulletin/volumes/84/12/06_030163.pdf?ua=1

Huang, Ching-Yu. (2018). How culture influences children's development. *The Conversation*. Accessed from: <https://theconversation.com/how-culture-influences-childrens-development-99791>



Consultation Corner

Sharon W. Cooper, MD, FAAP
CEO, Developmental and Forensic Pediatrics, P. A.

During this KIT series we have the honor and privilege of having Dr. Sharon Cooper as the consultation corner expert! She will address a variety of questions to help us understand different parenting styles and what the variations mean for children and parents.



Dr. Sharon Cooper is a Developmental and Forensic Pediatrician who cares for children and select adults with different abilities as well as those who have been victims of maltreatment.

Dr. Cooper retired from the United States Army with the rank of Colonel and holds adjunct faculty positions at the University of North Carolina at Chapel Hill School of Medicine and the Uniformed Services University of Health Sciences at Bethesda, Maryland. She has provided numerous lectures to medical, nursing, mental health, judicial, social science and investigative agencies, including the National Judicial College, the Federal Bureau of Investigation, the Australian Federal Police, and INTERPOL. Her primary areas of expertise include all areas of child maltreatment, child torture and child sexual exploitation.

Dr. Cooper has published numerous chapters on the subject of child sexual exploitation and is the lead editor of one of the most comprehensive texts in the U.S., on this subject. She works with victims and families of children who have been the prey of all types of online and offline

exploitation. She is a Board member and consultant to the National Center for Missing and Exploited Children and has taught several thousand special victim unit and vice investigators for over a decade, on the victim vulnerability, health impact and the diverse forms of exploitation in sex trafficking.

Dr. Cooper has served as an expert witness in several hundred cases of child maltreatment and numerous cases within the past several years on behalf of sex trafficking victims. Dr. Cooper served as a Task Force Member for the U.S. Attorney General on Defending Childhood, Children Exposed to Violence, was an invited speaker to the White House Summit on The United State of Women and recently presented at the World Congress on Child Dignity in the Digital World, sponsored by the Vatican. She has provided testimony before the U.S. Congress, the Italian Senate, the Russian Parliament (*Duma*), and the Ottawa House of Commons on child sexual exploitation.

In 2011, Dr. Cooper was selected by Newsweek magazine as one of the 150 women who shake the world. She continues to serve on an International Working Group on the victim impact for survivors of child sexual abuse imagery, sponsored by the Canadian Centre for Child Protection. She recently produced the first American documentary entitled *Not Just Pictures*, which provides insight into the ongoing extraordinary impact of the victimization of children whose abusive images are in cyberspace.

Consultation Corner (continued)

Parenting Styles and the Challenges for Early Intervention

Sharon W. Cooper, MD, FAAP

My name is Sharon Cooper and I am a Developmental and Forensic Pediatrician. I worked first as an active duty Army Pediatrician for 10 years before completing a fellowship in Developmental Pediatrics, which has provided a wonderful background for my subsequent 3 decades of patient care and understanding of the challenges of parenting. I retired from the Army after serving as the Chief of Pediatrics and ultimately the Deputy Commander of Clinical Services at Womack Army Medical Center at Fort Bragg. I continue to see Developmental and Forensic Pediatric patients at Fort Bragg to the present day.

Discerning parenting styles is a challenge and is particularly relevant to the military family in that lack of extended family support, adverse childhood experiences, youthful parenting inexperience, geographical transience and the extreme stresses of a military lifestyle play immense roles in the development of parenting styles.

Parents come in many “shapes and sizes” but to simplistically classify them into 3 categories for the sake of discussion, one might consider the extremely lenient parent,

the appropriately concerned parent and the too authoritative parent as a good starting point. These categories do not describe increased risk factors for maltreatment because the style of parenting is not necessarily indicative of parental misconceptions that can lead to child maltreatment. Parenting styles also do not define an impaired parent such as a parent who may have a cognitive disability, a substance misuse problem, or a major chronic mental illness.

A child of an extremely lenient parent may be referred for early intervention in part because the parent does not recognize the developmental delays or differences in their child but instead embraces the philosophy of “letting the child grow as they are meant to, on their own”. Often these parents set no limits to a child’s behaviors and provide minimal redirection. These parents are often surprised to hear family members or neighbors expressing concerns regarding lack of language or delayed motor milestones. There may be resistance between the parents regarding the need for intervention. Such lack of understanding can be misinterpreted as neglect, or suggestive

Consultation Corner (continued)

of a parent with depression, PTSD, or other conditions that hinder an ability to be appropriately concerned. This parent may also be a victim of intimate partner violence and because of the overwhelming nature of the environment may have no psychological reserve to parent in a balanced manner. Despite these possibilities, excessive leniency may just be the parenting style. Such a challenge will require diplomacy, careful conversations and some degree of role modeling and coaching on realistic developmental expectations.

The appropriately concerned parent is often asking for advice about the difference they may be noticing in their child based upon family experience of nieces, nephews, or the parent's experience in caring for younger children as they were growing up. These parents often seek advice quickly if they notice any developmental differences in their child either from online sources or from friends and family. If there is a difference between the parents regarding the child's development, the appropriately concerned parent will usually accept the other parent's lack of concern, but this will not delay them from seeking a professional opinion. This type of parent can navigate the differences between their opinion and that of their partner by placing the needs of the child first despite any disagreement.

The too authoritative parent can be very challenging in that their style suggests zero tolerance to normal childhood behaviors and misbehaviors. There is often a tone of "perfectionism" in this type of parenting style and can result in childhood anxiety and even at times fearfulness. The too authoritative parent may also be excessively punitive, and this will likely lead to a need for more aggressive intervention recommendations to assure the safety of the child or children. This style of parenting is often associated with nonverbal cues to children such as snapping of the fingers and pointing without speaking to the child, or frequent barking commands with a stern facial expression. This style may initially just be a coping mechanism to assure that the professional doesn't see the parent as inept. Reassurance that the child's behavior is not important but instead the thoughts and concerns of the parent is more paramount at that time. This may cause this style of parenting to diminish because it overtly may just be an effort to make a good impression. On the other hand, if there is continued evidence of this parenting behavior, role modeling of a more nurturing style of caregiving will likely be necessary over time.

I look forward to further conversations on this topic of parenting styles over the next few newsletters!

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On the WWW

The **Centers for Disease Control and Prevention** has an interesting webpage called **Positive Parenting Tips**. It is organized by different age groups including infants (0-1), toddlers (1-2), Toddlers (2-3), preschoolers (3-5), middle childhood (6-8 and 9-11), young teens (12-14), and teenagers (15-17). Within each age group there is information about developmental

milestones, positive parenting tips, child safety, health, and a rich list of additional links. The resources are available in both English and Spanish. The URL for this resource is:

<https://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/index.html>



Continuing Education for KIT Readers

The Comprehensive System of Personnel Development (CSPD) is offering a continuing education opportunity for KIT readers.

In line with the focus on **Understanding Different Parenting Styles** readers are invited to receive continuing education contact hours for reading the monthly KIT publications (July through October 2019) and completing a multiple-choice exam about the content covered in these KITs.

KIT readers will receive the exam for this series in November 2019. There is no need to register for the CEUs. Rather, if you are interested, complete the exam online at www.edis.army.mil

Upon successful completion of the exam, you will receive a certificate of non-discipline specific continuing education contact hours.

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Thank you for your continued interest in the KIT.

