Routledge
Taylor & Francis Group

PARENTING KNOW HOW

Keeping Parents in the Driver's Seat

Sharon Issurdatt and Tracy Whitaker

*Center for Workforce Studies and Social Work Practice, National Association of
Social Workers, Washington, District of Columbia, USA*

Parents receive social work services (both voluntary and involuntary) in a variety of settings. Although the parents may have come to need social work interventions for different reasons, one reason is constant: They are experiencing some difficulty with their children. Children are likely to benefit when parenting ability is strengthened. In all settings, social workers have a unique opportunity to assist parents in establishing, restoring, or maintaining healthy family dynamics.

Keywords: Parental roles, parental empowerment, parenting efficacy, parentified children, parental responsibility

INTRODUCTION

Parenting encompasses specific challenges. How parents respond to these challenges has implications for the entire family. Many parents experience fluctuating feelings of self-efficacy and control over their children and households. These shifts can result from a particular developmental phase for a child, a substantial event in the family system, or simply the mood of the child or parent on a particular day. At times, parents can feel empowered and confident in their parenting skills. At other times, however, parents can feel overwhelmed, exhausted, and defeated by the behaviors and demands of their children. Through various forms of contact and service provision, social workers have opportunities to support parents in strengthening their skills and their abilities to remain in control. Sometimes the opportunity presents in an indirect manner, such as role-modeling behaviors during a meeting with family members or during a court-ordered visit. Other times, the opportunity is more directly presented, such as teaching skills in a parenting class or addressing empowerment issues in a therapy session.

THE PARENTIFIED CHILD: WHO IS "DRIVING THE FAMILY CAR"?

Leading a family is analogous to driving a car. The drivers (parents) are responsible for the safety of the passengers (children). They are also responsible for navigating the family's route and ensuring that the vehicle they are traveling in is adequately maintained. Good parenting, like safe driving, requires attention to a range of competing details and priorities. When parents seek or are required to receive social work services, there is a good chance that they have lost some control of the "steering wheel" for their families. This control may have transferred to another adult, but all too often, one of the passengers in the backseat (a child) has assumed the "driver's position." When this happens, the resulting shift in power dynamics can make it very difficult for parents to reassert their authority and regain control.

The risk of a child moving into the "driver's seat" can occur when at least one parent is absent or feels disempowered and is unable to "drive" the family (Byng-Hall, 2008). This risk increases when parents are in conflict, are overwhelmed, or simply lack confidence in their parenting skills. The child is drawn into a parenting role in a process described as "parentification" (Byng-Hall, 2002, 2008; Hooper, 2008; Peris, Goeke-Morey, Cummings, & Emery, 2008). In this process, parents "create an environment that fosters caretaking behaviors in their children that help maintain homeostasis (i.e., balance) for the family in general and the parent in particular" (Hooper, 2008, p. 1). Parentification has been associated with marital conflict, youth worrying, and the tendency for youths to intervene in marital conflicts (Galinksy, 1999; Peris et al., 2008).

Although the disempowerment of the parent is a clear consequence of parentification, this experience can also have destructive consequences for the child, such as loss of childhood, low self-esteem, and depression stemming from the inability to adequately assume the responsibility (Byng-Hall, 2008; Hooper, 2008; Peris et al., 2008). In addition, although the parent is not emotionally available for the child, the child must be emotionally available for the parent, a dynamic that can engender a chronic state of anxiety in some parentified children (Hooper, 2008; Katz, Petracca, & Rabinowitz, 2009). However, not all parentified children will have negative aftereffects, and it is important for social workers to understand the particular circumstances of each family in designing therapeutic interventions (Hooper, 2008; Hooper, Marotta, & Lanthier, 2007).

Parental Roles and Social Work Practice

The literature reflects both the positive and the negative effects that social workers can have in their professional relationships with parents. Social workers' first concern is usually the well-being of children. As such, much of social work's focus has been on the potentially detrimental effects on children of inadequate parenting stemming from parental behavioral health issues (Ackerson, 2003; Forrester, McCambridge, Waissbein, & Rollnick, 2008). Yet the need to support parents as a means of supporting their children has also been documented (Alameda-Lawson, Lawson, & Lawson, 2010; Bloomfield et al., 2005).

Professionals'—including social workers'—attitudes toward and interactions with parents have been the subject of attention in the literature (Adams, 1999; Case, 2010; Forrester et al., 2008). In child welfare settings, social workers have been found to rely on confrontational and aggressive communication styles (Forrester et al., 2008), yet parents have demonstrated higher levels of participation in decisions concerning their children when social workers and foster parents have more positive attitudes toward parental participation and toward the parents (Poirier & Simard, 2006). Parents involved in the child welfare system have described feeling as though they were being punished and that their feelings of loss were not acknowledged by social workers (Hojer, 2011). However, workers have acknowledged the complexities associated with supporting emotionally close parent-child interactions while monitoring parental behaviors during parental visitation (Haight et al., 2002).

In working with parents of children with disabilities, Case (2010) found that professionals tended to control the parent-professional relationship rather than consulting parents in the decision-making process. However, Adams (1999) found that most social workers wanted to support drug-using parents and were optimistic that supportive approaches would be beneficial, yet some workers still held ambivalent or negative attitudes toward these parents. Parents, however, have expressed their need to be treated with respect and empathy by social workers (Forrester, Kershaw, Moss, & Hughes, 2007; Schofield et al., 2011).

There are many theories and practice models to increase the effectiveness of parent education and training interventions (Meyers, 1998; Scott & Dadds, 2009). In addition to addressing factors that shape how parents interact with their children, clinical social workers can also help parents understand the implications of children crossing adult/child boundaries and redress the role reversal of parentification (Byng-Hall, 2008; Meyers, 1998). The application of alternative approaches, including attachment theory, structural family systems theory, ecological theory, and shared empowerment/motivational interviewing, can enrich a therapist's ability to help engender change in families who are nonresponsive to a standard social learning approach (Meyers, 1998; Scott & Dadds, 2009).

The broad range of settings and circumstances in which social workers come into contact with parents prohibits a "one-size-fits-all" approach to designing appropriate interventions. Nonetheless, when the primary role of the client is *parent*, social workers have a unique opportunity to fortify and strengthen that role.

Practice Implications: Building a Base for Effective Parenting

Parents are often instructed to use techniques such as development of a routine, consistent limit setting, and procedures for rewards and consequences (Corcoran & Basham, 2000; Lopez, 2004; Shore, 2002). However, for many parents, these approaches eventually fail (Scott & Dadds, 2009). These failures are due, in some part, to the unstable foundations on which parents are attempting to build new skills. Social workers can help parents establish a stable and secure underpinning regarding their ability to be in control, as a first step in effective parenting (Byng-Hall, 2001).

Ambiguity about Parental Self-Efficacy

A first step in building a solid base from which to parent is to identify the core feelings parents have about their roles as caretakers for their children. Parenting is a significant responsibility about which many parents may feel ambivalent. Many times, parents doubt their abilities to parent effectively but lack awareness about how these feelings influence their ability to remain in control (Salonen et al., 2009; Shore, 2002). Children can assume the driver's seat when parents are ambivalent about their capacity to be in control and are unable to assume reliable roles. When parents lack confidence about their parenting skills, children can sense these feelings and might become resentful and angry toward their parents. As the children respond in maladaptive ways to their parents' ambivalence, the parents feel less sure and lose more control. The children feel more resentment and anger, resulting in the parents' feeling less able to effectively parent. As both parent and child add momentum, this destructive cycle can result in years of distress for the family.

Parental self-efficacy beliefs are related to the degree to which parents perceive themselves as capable of effective parenting (Coleman & Karraker, 1998). Parental self-efficacy beliefs can predict positive parenting practices and mediate aspects of parenting quality such as maternal depression, social support, and poverty (Coleman & Karraker, 1998; Jackson & Scheines, 2005; Salonen et al., 2009). In addition, parents' positive perceptions of parental self-efficacy are

positively related to their children's sense of competence and well-being (Steca, Bassi, Caprara, & Fave, 2011). Addressing emotions that may be difficult to acknowledge starts the process of identifying and removing obstacles to effective parenting. Social workers can initiate a conversation with parents regarding their core feelings about parenting, which may include fear, sadness, and anger.

Often deep-rooted feelings guide parenting behaviors. For instance, feelings of guilt and resentment can lead to parents' overcompensating and being inconsistent with their children. Parents can identify these maladaptive feelings and subsequent behaviors by exploring their early life experiences and their beliefs about childhood. Although parents may feel uncomfortable expressing their thoughts, social workers can make this process easier by conveying empathy, safety, and acceptance during these discussions (Forrester et al., 2007).

Role of Optimism in Shifting Parental Interactions

To get what one wants, one must first determine what one wants. Many struggling parents have never thought about the kind of relationship they want with their children. Many parents feel that they are powerless concerning this dynamic relationship. This internalized powerlessness is a major factor that keeps parents out of the driver's seat.

Optimism is a tool that can help parents cope with distressing emotions by building buffering strengths (Sahin, Nalbone, Wetchler, & Bercik, 2010; Scheier & Carver, 1993). Optimism is the belief that good things rather than bad things will occur (Scheier & Carver, 1993). When focusing on strengthening confidence, helping to create a metaphorical vision for the parent can be advantageous. Evaluating what kind of relationship parents have with their children compared with the kind of relationship they desire is a step in fostering a vision. Encouraging parents to develop and express detailed aspects of their desired relationship will support increased clarity. Having parents uncover aspects such as how they would like to feel about their child, how they would like their child to respond when limits are set, and how the rhythm of day-to-day life feels in the home are helpful in creating a clear and comprehensive vision.

As parents work toward a goal, it is valuable for them to believe that the goal is attainable (Scheier & Carver, 1993). Social workers can encourage parents to believe that the vision they create is realistic. One way for social workers to foster this belief is by supporting parents in acting as though they already have the desired relationship. Allowing parents to simply imagine and dream of the relationship they truly desire can expand their belief system as well as diminish uncertainty and help parents progress toward the attainment of an improved relationship with their children.

Internal dialogue is "the voice inside one's head." Internal dialogue is not what one says out loud, but what one says to himself or herself. Most people are not fully cognizant of their internal dialogues. However, acknowledging and altering this dialogue can improve feelings of self-efficacy (Yanar, Budworth, & Latham, 2009). These internal dialogues can influence parenting interactions in profound ways. If a family is having a difficult time in the mornings, the internal dialogue of a parent may unconsciously shape the exchanges. For example, a parent wakes up feeling stress about the daily morning battle that awaits and may think, "I know my child is not going to do as I ask. There is going to be a big argument again today. My child never listens to me. I am so angry." These thoughts prime the parent for tension and drive the parent to look for opposition or hostility from the child. The parent's anticipation about tension with the child may inadvertently be the first step toward discord.

Improving internal dialogue can help ease tension and conflict. For example, in the afore-mentioned example, the parent can become aware of the negative self-talk, stop that internal conversation, and replace the negative statements with positive ones such as, "My child is going to follow my instructions. The morning will go smoothly. My child respects me and listens to

what I say." This affirmative thinking prepares the parent to look for positive behaviors and to anticipate a much better outcome for the morning ritual.

Social workers can help parents acknowledge their internal dialogues and the effect they have on confidence and, thus, influence a positive shift in parents' internal voices. Therefore, social workers can help parents practice reducing negative internal dialogues and replacing them with positive internal statements.

Parental Self-Care: Meeting Basic Needs

Parents are unable to give to their children what they do not give to themselves. Many parents struggle in meeting their children's needs, leaving themselves last. Some parents may not begin to think of their own needs until everyone else's needs are met. This can include spouses, coworkers, friends, and other family members as well as children. Feeling overwhelmed and exhausted from daily activities, parents may be extremely low in energy and satisfaction and may not even be aware of their own needs.

The following example portrays the importance of meeting one's basic needs first: During airplane travel, as part of the safety demonstration, flight attendants explain what would happen if the passenger cabin were to lose air pressure. Descriptions of little yellow masks falling from an overhead compartment are provided. The flight attendants instruct passengers to secure a mask on their faces before helping others, even children. The reason for this is specific: To effectively help others, a person must first help him- or herself, which means that that person's needs must be met first. If the person who knows how to secure the face mask helps another first, there is a risk of the helper losing consciousness and, thus, not being able to assist the person who does not know how to secure the mask.

This dynamic is true in relation to effective parenting. Parents are in a much better place to help their children when their own needs are met (Cavell, 2000). For example, parents may struggle through a homework assignment when they are hungry. However, they are likely to be more patient and have better concentration when their appetites are satisfied. This can translate to other needs such as getting enough sleep, drinking water, using the bathroom, spending time alone, completing work assignments, and exercising regularly. The definition of a basic need is specific to each person and what feels necessary to give adequately to others. These needs can fluctuate from day to day.

By meeting their needs first, parents are not only able to better meet the needs of their children, they role-model healthy behaviors for their children to learn and follow. Taking good care of oneself is often a trait parents wish for their children to hold as important. When parents are tired, cranky, and not caring for themselves well, children learn that these behaviors are acceptable. When parents take good care of themselves and meet their needs first, children will likely hold these traits as important and normal. Social workers can promote understanding of how children can be affected in the moment and in the long run.

Parents may be resistant to accepting the idea of taking care of their needs before their children's because it may feel counterintuitive, selfish, and neglectful to them. Social workers can help parents appreciate that they are better able to care for others when their own needs have been met (Barker, 2010). Guiding parents to explore their own needs and how their mood, patience, and enjoyment are affected when their needs are met and when they are unmet can be helpful in valuing this concept. Helping parents to realize the quality of interaction before and after they meet their needs can be beneficial.

Many parents may not be aware of their own needs. Social workers can assist parents in determining what they need for themselves individually to feel sufficient in providing for others. Parents may also feel that meeting their own needs would be unfeasible due to a lack of time and energy. Some may feel that it is impossible for them to meet their own needs. Helping parents

to create the intention to meet their basic needs first, encouraging parents to make meeting their needs a priority, and promoting regular practice of self care can be helpful steps for a social worker to influence parents.

Building a solid foundation to remain comfortably in the driver's seat requires internal reflection and a change in thinking by the parents. As parents build a solid base, other key tools can be implemented to further guide positive parenting. Parent observation of more favorable behaviors of their children can reinforce parental confidence and sense of control. Social workers can support parents in acquiring and implementing tools that will direct behaviors of their children and family as a whole.

Establishing Routines

Following a routine in the home is essential to effective parenting (Shore, 2002). Children gain a sense of safety and security when they recognize a schedule and understand what comes next. Even adults benefit from reduced anxiety and the ability to adequately prepare for what is next. Younger children require a routine for healthy emotional development. Following family routines has been found to be related to parenting competence, child adjustment, and marital satisfaction (Fiese et al., 2002).

Discussing details of home life, schedules, and requirements with parents can assist in developing a standard practice to follow. The need to design flexibility into the routine for normal fluctuations of life is important to discuss. Addressing the benefits of having meals together at the same time is also key. Social workers can help teach parents the benefits of establishing and following a routine in their home. Less effort is required for parents to remain in the driver's seat when the entire family respects a standard routine.

Setting and Reinforcing Consistent Limits

Sometimes children's actions are in opposition to what they really want. For instance, a child may request permission to engage in some activity or demand something, not for the activity or the object but, rather, to test consistency with responses to prior demands or to clarify boundaries. Similar testing occurs on amusement park rides. For example, as a roller coaster ascends to the peak of the drop, a rider may push on the harness. By doing this, the rider is not hoping that the harness is loose or will open; rather, the rider is ensuring that the harness is working properly, that it is not going to open, and that she or he is secure. However, an inexperienced onlooker could assume, erroneously, that the rider is trying to escape from the roller coaster in mid-air.

Similarly, children asking for sugary treats may be covertly testing limits. If the boundary is not firm and the parent "gives in," the children may appear satisfied but may actually feel frightened by the notion that they are in control and, therefore, not safe. Although children may respond in a rebellious manner when denied a sugary treat, they are ultimately reassured that the boundary set by their parents is solid and that they are, therefore, safe.

Children and parents benefit when consistent limits are confirmed (Corcoran & Bashim, 2000; Lopez, 2004). Again, children gain a sense of safety and security when life is constant and they understand what to expect. Parents also gain a sense of confidence when they are able to maintain established rules and requirements repeatedly. Setting consistent limits works collectively with adhering to a routine. Both help parents and children comprehend expectations and increase their ability to shift behavior accordingly.

Social workers can help parents understand the negative emotional impact on children resulting from inconsistency. Children often push established limits as a way to test who has control. Reinforcing how consistent limit setting keeps parents in the driver's seat as well as providing useful ways to respond to children when they push limits can be helpful tools to empower parents.

Implementing a Reward System

Creating a system for motivating positive behaviors and reducing negative behaviors is a helpful tool for empowering parents (Lopez, 2004). Children are often motivated by external rewards such as gaining attention, spending special time with a parent or family member, getting to play with a special toy, or enjoying a treat. Children are also motivated by external consequences such as cleaning a mess they created, spending time alone or in a time-out, missing out on TV time, or having a shorter playtime. Determining what the child responds to well is important as some children can be motivated by positive rewards, and other children can be motivated by negative consequences. Consistency and setting the expectation ahead of time are essential in implementing a successful reward system. Social workers can assist parents in determining the system that will reap the best results.

CONCLUSION

Through the many roles social workers play, there are countless opportunities to help empower parents to feel in control in their position as parent and in the driver's seat. Creating a firm foundation of confidence is essential to ensure the continued success of a parent. Determining other key parenting tools that correspond with the family system through discussion and trial can build on the foundation and improve achievement. Social workers can work with families through a variety of ways to ensure that the parents are "driving" the family.

REFERENCES

Ackerson, B. J. (2003). Parents with serious and persistent mental illness: Issues in assessment and services. *Social Work*, *48*, 187–194.

Adams, P. (1999). Towards a family support approach with drug-using parents: The importance of social worker attitudes and knowledge. *Child Abuse Review*, *8*(1), 15–28.

Alameda-Lawson, T., Lawson, M., & Lawson, H. A. (2010). Social workers' roles in facilitating the collective involvement of low-income, culturally diverse parents in an elementary school. *Children & Schools*, *32*, 172–182.

Barker, M. (2010). Self-care and relationship conflict. *Sexual & Relationship Therapy*, *25*(1), 37–47.

Bloomfield, L., Kendall, S., Applin, L., Attarzadeh, V., Dearnley, K., Edwards, L., . . . Newcombe, T. (2005). A qualitative study exploring the experiences and views of mothers, health visitors and family support centre workers on the challenges and difficulties of parenting. *Health & Social Care in the Community*, *13*(1), 46–55.

Byng-Hall, J. (2001). Attachment as a base for family and couple therapy. *Child and Adolescent Mental Health*, *6*(1), 31–36.

Byng-Hall, J. (2002). Relieving parentified children's burdens in families with insecure attachment patterns. *Family Process*, *41*(3), 375–388.

Byng-Hall, J. (2008). The significance of children fulfilling parental roles: Implications for family therapy. *Journal of Family Therapy*, *30*(2), 147–162.

Case, S. (2010). Refocusing on the parent: What the social issues of concern for parents of disabled children? *Disability & Society*, *15*(2), 271–292.

Cavell, T. A. (2000). *Working with parents of aggressive children: A practitioner's guide.* Washington, DC: American Psychological Association.

Coleman, P. K., & Karraker, K. H. (1998). Self-efficacy and parenting quality: Findings and future applications. *Developmental Review*, *18*(1), 47–85.

Corcoran, J., & Basham, S. (2000). Family treatment with adolescent substance abuse. In J. Corcoran (Ed.), *Evidence-based social work practice with families: A lifespan approach* (pp. 337–366). New York, NY: Springer.

Fiese, B. H., Tomcho, T. J., Douglas, M., Josephs, K., Poltrock, S., & Baker, T. (2002). A review of 50 years of research on naturally occurring family routines and rituals: Cause for celebration? *Journal of Family Psychology*, *16*, 381–390.

Forrester, D., Kershaw, S., Moss, H., & Hughes, L. (2007). Communication skills in child protection: How do social workers talk to parents? *Child & Family Social Work*, *13*(1), 41–51.

Forrester, D., McCambridge, J., Waissbein, C., & Rollnick, S. (2008). How do child and family social workers talk to parents about child welfare concerns? *Child Abuse Review*, *17*(1), 25–35.

Galinsky, E. (1999). *Ask the children: What America's children really think about working parents.* New York, NY: HarpersCollins.

Haight, W. L., Black, J. E., Mangelsdorf, S., Giorgio, G., Tata, L., Schoppe, S. . . . Szewczyk, M. (2002). Making visits better: The perspectives of parents, foster parents and child welfare workers. *Child Welfare*, *8*(12), 173–202.

Hojer, I. (2011). Parents with children in foster care—How do they perceive their contact with social workers? *Practice*, *23*(2), 111–123.

Hooper, L. M. (2008). Defining and understanding parentification: Implications for all counselors. *Alabama Counseling Association Journal*, *34*(1), 34–43.

Hooper, L. M., Marotta, S. A., & Lanthier, R. P. (2007). Predictors of growth and distress following childhood parentification: A retrospective exploratory study. *Journal of Child and Family Studies*, *17*, 693–705.

Jackson, A. P., & Scheines, R. (2005). Single mothers' self-efficacy, parenting in the home environment, and children's development in a two-wave study. *Social Work Research*, *29*, 7–20.

Katz, J., Petracca, M., & Rabinowitz, J. (2009). A retrospective study of daughters' emotional role reversal with parents, attachment anxiety, excessive reassurance-seeking, and depressive symptoms. *American Journal of Family Therapy*, *37*, 185–195.

Lopez. W. (2004). Successful parenting skills that shape children's behaviors. *AllPsych Journal*. Retrieved from http://allpsych.com/

Meyers, S. A. (1998). An ecological approach to enhancing parenting skills in family therapy. *Contemporary Family Therapy*, *20*, 123–136.

Peris, T. S., Goeke-Morey, M. C., Cummings, E. M., & Emery, R. E. (2008). Marital conflict and support seeking by parents in adolescence: Empirical support for the parentification construct. *Journal of Family Psychology*, *22*, 633–642.

Poirier, M.-A., & Simard, M. (2006). Parental involvement during the placement of a child in family foster care: Factors associated with the continuation of parental roles. *Child and Youth Care Forum*, *35*(3), 277–288.

Sahin, S. Z., Nalbone, D., Wetchler, J., & Bercik, J. (2010). The relationship of differentiation, family coping skills, and family functioning with optimism in college-age students. *Contemporary Family Therapy*, *32*, 238–256.

Salonen, A. H., Kaunonen, M., Åstedt-Kurki, P., Järvenpää, A.-L., Isoaho, H., & Tarkka, M.-T. (2009). Parenting self-efficacy after childbirth. *Journal of Advanced Nursing*, *65*, 2324–2336.

Scheier, M. F., & Carver, C. S. (1993). On the power of positive thinking: The benefits of being optimistic. *Current Directions in Psychological Science*, *2*(1), 26–30.

Schofield, G., Moldestad, B., Hojer, I., Ward, E., Skilbred, D., Young, J. . . . Havik, T. (2011). Managing loss and a threatened identity: Experiences of parents of children growing up in foster care, the perspectives of their social workers and implications for practice. *British Journal of Social Work*, *41*, 74–92.

Scott, S., & Dadds, M. R. (2009). Practitioner review: When parent training doesn't work: Theory-driven clinical strategies. *Journal of Child Psychology and Allied Disciplines*, *50*, 1441–1450.

Shore, R. (2002). *What kids need: Today's best ideas for nurturing, teaching, and protecting young children.* Boston, MA: Beacon Press.

Steca, P., Bassi, M., Caprara, G., & Fave, A. (2011). Parents' self-efficacy beliefs and their children's psychosocial adaptation during adolescence. *Journal of Youth and Adolescence*, *40*, 320–331.

Yanar, B., Budworth, M.-H., & Latham, G. P. (2009). The effect of verbal self-guidance training for overcoming employment barriers: A study of Turkish women. *Applied Psychology*, *58*, 586–601.