Chapter 2
Caregiving in Early Childhood

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Early childhood usually refers to the years that begin when an infant starts to use language, develops a sense of autonomy, and is emotionally able to establish a sense of separateness from her mother. It is at the end of this development period that children develop the ability to reason logically and are usually ready to learn, to read, and understand arithmetic processes. During these years, young children have a quite idiosyncratic way of making sense of the world that Piaget described as "preoperational thinking." For practical purposes, early childhood usually refers to children between the ages 2 and 5, despite the reality that some children must begin school at six or seven without having achieved all of the skills that they will need to progress academically.

During early childhood, caregiving is traditionally linked with parenting. This is particularly true for young children who are completely dependent on parents and other adults. Thus, much of the caregiving that is received during early childhood takes place within the context of a family. Here, the definition of family varies from culture to culture. However, in virtually all cultures, women care for young children. Furthermore, in most cultures, it is the mother of the child who takes the most direct responsibility for meeting the physical needs of the children and providing the emotional security that is necessary for her children to develop normally.

With the development of more recent economic pressures, more mothers are returning to full employment shortly after the birth of their children. Consequently, an entirely new class of caregivers for young children has developed. This change in social expectations has led to a serious intellectual reconsideration of the essential qualities of interpersonal relatedness that are required to successfully rear a young child. Subsequently, considerable debate related to the appropriate time for women to place their young children in childcare has taken place as well as discussions

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R.C. Talley and R.J.V. Montgomery (eds.), *Caregiving Across the Lifespan: Research, Practice, Policy*, Caregiving: Research, Practice, Policy,
DOI 10.1007/978-1-4614-5553-0_2, © Springer Science+Business Media New York 2013

regarding how to organize this important caregiving in order to insure a good developmental outcome (Belsky 1984, 2001, 2002; Scarr 1992, 1993).

A potentially more beneficial approach to providing care for young children is to conceptualize the caregiving process as a partnership (Clinton 1996). While most caregiving arrangements still require the mother of a child to take the primary responsibility for orchestrating the coordinated arrangements, many more people are involved in actually providing care for the child. With this shift in the role of a parent, some of the key aspects of the process of caring for young children come into focus as each component of caregiving is considered.

What Basic Caregiving Needs Do Young Children Have?

The early caregiving of a young child must include the development of an appropriate emotional relationship. It is absolutely critical that children receive appropriate nutrition, that they have adequate shelter, and that they receive good medical and dental care. However, while some children in America do suffer from poor nutrition, unstable homes, and inadequate health care, much of the intellectual debate concerning caregiving in early childhood is focused on what aspects of childcare are required beyond basic survival considerations.

The concept of the "good enough" parent has a long history. Dr. D. W. Winnicott coined the term "good enough mother" years ago to describe women who did not have severe problematic parenting or overt psychiatric illness (Winnicott 1957). The "good enough" mother has adequate intelligence, insight, and relationship building skills to be able to provide satisfactory care for her young child. Within the context of this care, a normal child can be expected to make good developmental progress. The central question that arises in assessing young parents is "What are the characteristics that distinguish mothers who are not "good enough?" Research studies in child development have identified five important parameters (Mrazek et al. 1995).

Emotional Availability

The first key dimension is insuring appropriate emotional availability. This is sometimes described as providing sufficient emotional warmth. It is this parental quality that seems to be necessary for children to develop a sense of being loved and "cared for." Children who do not experience this basic sense of interpersonal connectedness have been shown to have later negative psychological outcomes. Early studies looking at the parenting behavior of primates demonstrated that well-nourished baby monkeys developed severe disturbances of behavior if they were deprived of warm and reciprocal relationships with a mothering object (Ruppenthal et al. 1976). Furthermore, the classic studies of children raised in institutions addressed this

issue. While many studies of institutions have been completed, Dr. Rene Spitz provided some of the most convincing descriptions of disturbed children in his classic investigations of "hospitalism" and "anaclitic depression" (Spitz 1946). More recently, prominent child psychiatrists, including Sir Michael Rutter (O'Connor et al. 2000) and Charles Zeanah (Smyke et al. 2002; Zeanah et al. 2002), have identified similar serious cognitive and behavioral deficits in children raised in Romanian orphanages. Young children who do not experience early emotional relationships seem to be unable to develop adequate relationships in later life.

Guidance and Control

A second key dimension of early caregiving is the provision of guidance and control. Historically, Baumrind (1971) described three styles of caregiving for parents of young children. One extreme style was described as the "authoritarian" form of parenting which was characterized by the principle that children must be directed to comply with parental expectations. The other extreme form of parenting she described was "permissive" parenting. Permissive parents place a high premium on allowing their children to have a maximal range of freedom of behavioral expression. The third category of parenting was labeled "authoritative" and this form of parenting was associated with better development outcomes. "Authoritative" parents provided direction, but they also gave their children guidance within the context of an empathic relationship that allowed more gratification of the impulses and desires of their children. In summary, the best parenting style provides guidance in a sensitive and supportive manner.

Parental Mental Health

The third key dimension related to adequate parenting is parental mental health. Parents with serious psychiatric disorders may experience intervals of illness when their ability to care for their children is impaired as a consequence of their psychiatric symptoms. Many studies have demonstrated that children who have even one psychotic parent are at increased risk for the development of psychopathology, despite the important consideration that the negative behaviors of one parent can be largely compensated by supportive care provided by the other parent. However, if both parents are psychiatrically impaired, there is a high degree of likelihood that the development of their children will be atypical (Rutter 1966). More recent studies have focused on maternal depression and demonstrated that the children of depressed women are at increased risk for developing a mood disorder. In recent years, new strategies have been created that were designed to prevent the negative implications of severe maternal depression (Beardslee 2002). One complication in the estimation of the degree to which the caregiving problems of psychiatrically

impaired parents are linked to increased risk of their children developing these disorders is the obvious confound these children have inherited an increased genetic vulnerability for psychopathology as well as having experienced less adequate caregiving. The child of a mother with severe schizophrenia has a high likelihood of carrying several susceptibility genes for the illness as well as having an increased probability of experiencing a less contingent and responsive early emotional relationship with her mother.

Young Children's Needs

The fourth key dimension of early caregiving is related to parents achieving a basic understanding of the physical and emotional needs of their young children. While "maternal instincts" have been clearly demonstrated, there are many aspects of caregiving that must be learned in order to successfully raise a young child. Understanding the importance of immunizations and the need for consistency in child care cannot be achieved by simply relying on instinctual awareness. Similarly, understanding the developmental capacities of young children requires a parent to acquire a contextual understanding of what is normal and what is not. From the perspective of the child mental health clinician, one of the most frequently asked questions that is posed by young mothers continues to be, "Is my child's behavior normal?" Often the answer can be quite complex.

Emotional Commitment

The fifth key dimension of early caregiving is that the parents of a young child must have sufficient parental emotional commitment to spend adequate time to care of their child. While this can be a sensitive issue to address directly, it is critical to establish that at least one parent is committed to meeting the basic needs of their child. Children require not only quality time, but also a sufficient quantity of time with their caregiver. There must be some person in the life of a child who can provide them with a sense of direction and the assurance that they are safe and secure. Parents who do not spend an adequate amount of time with their children are faced with the reality that their children may well develop problems in forming reciprocal and rewarding relationships.

How Well Are Young Children Cared For?

It is quite difficult to provide a straightforward evidence-based answer to this important question. There are many lucky children who receive warm contingent parenting and go on to have successful experiences in kindergarten and beyond. Similarly,

there is the sober reality that child abuse exists as a persistent problem and that it involves not only physical abuse, but also the sexual misuse of children, demoralizing emotional abuse, and the neglect of basic needs (Children's Defense Fund [CDF] 2005).

Being able to answer this question based on valid measurement of caregiving would be a major scientific step forward. A first step towards this goal would be developing a consensus on the range of parenting abilities that must be measured. A next step would be ascertaining the epidemiological distribution of these appropriate parenting behaviors and skills. Unfortunately, children who are doing "reasonably well" are rarely the focus of any systematic level of assessment or follow-up. Rather, it is those children who are clearly in major distress who become the focus of studies and interventions.

An undeniable reality is that there is a strong link between social class and access to resources. In affluent communities, parents with conflicting emotional demands or persistent interpersonal difficulties are financially able to purchase appropriate caregiving for their children. As a result, they are able to spare their children some of the negative effects that can result from disruptive breakdowns in caregiving during these early years. In contrast, most parents struggling in underserved communities have few personal resources and cannot afford alternative childcare. In families with inadequate resources, failures in parenting become the primary responsibility of the extended family. In the worst case scenario, when severe breakdowns occur within a family system, an overextended social service network is challenged to provide surrogate caregiving. It is rarely adequate and all too often proves to be pathogenic.

While the concepts of "child abuse" and "child protection" are relatively new, the study of the epidemiology of child abuse provides an important perspective on the extent of serious breakdowns that exists in the care of young children. In affluent communities, well-organized and vigilant child protection teams are usually available. Consequently, intervention can occur early in the development of a problematic parent/child relationship. Children are evaluated by health care professionals as well as having opportunities to participate in early, well-organized educational and community programs. In these more affluent communities, child protection teams have a low threshold for disturbance. A nursery school teacher may identify a child that she perceives has an insecure attachment and is excessively fearful and subsequently is able to request help for the family. Similarly, overt hypersexual behavior in young children will be noted and acted upon by daycare staff and nursery school teachers.

In contrast, in the heart of impoverished city communities, child protection teams must face an almost impossible challenge. Many young children are without consistent caretakers and the incidence of identified overt abuse is very high. Unfortunately, there are few resources available to address these caregiving problems. Specifically, it is well known that the foster care programs in most inner cities are inadequate and that there is high risk of an insufficient level of protection. Consequently, children are returned to high risk families because there are no alternatives. An ironic paradox is the regular documentation of physical and sexual abuse that occurs within foster homes that were selected to protect children.

One valid concern is that the care of underserved children must be both culturally sensitive and appropriate. It is not adequate to simply provide food and a safe environment for children. In addition to survival considerations, the cultural needs of children must be understood in order that these children will be able to relate to their own families and other members of their neighborhood. It is also critical that value judgments be culturally neutral and focus on the needs of the children as opposed to establishing preconceived expectations of a dominant culture.

In considering failures in caregiving that occur during early childhood, it has been repeatedly noted that the tangible rewards for looking after young children remain very low. Foster parents are often allotted inadequate financial support for taking care of young children, and it is well recognized that the compensation for daycare workers is among the lowest of any service category. The irony of this valuation of childcare is that by being unable to attract committed and competent caregivers, the perpetuation of a class of uncared for young children is guaranteed.

Educational Programs for Parents

There has been a broad attempt to provide parent training to provide young and disadvantaged parents with a better skills to care for their children. Some evidence-based studies have demonstrated that successful programs exist. The best of these programs continue to expand and their results are promising (Webster-Stratton 1990; Webster-Stratton and Hammond 1997; Wolchik et al. 2002). However, many clinicians do not have access to programs that are sufficiently intensive to be able to make a real difference for children who are at high risk for emotional or behavioral problems. In the majority of these more limited parenting programs, there is little effort to make a careful analysis of the underlying problems these young parents are experiencing and which ultimately interfere with their ability to sensitively care for their own children. Furthermore, it is only the very most dysfunctional parents who are regularly referred to parent training programs which may consist of as few as six to eight group sessions. It is hard to imagine that interventions of this intensity can be sufficient to provide troubled parents with the skill sets that are required to care for difficult and disruptive young children.

Research Implications to Improve Caregiving

Despite the recognition that many young families lack interpersonal support, optimism persists that an appropriate investment in young children can make a difference. In that regard, there are a number of promising studies related to prevention of more negative outcomes. An early example was the Perry project, which has some reported positive outcomes even twenty years after the implementation of the intervention. Even more encouraging has been the work of David

Olds (Eckenrode et al. 2000; Olds et al. 1997). He has shown that a carefully designed home visitation intervention can improve parental behavior and the outcomes for young children. This home visitation is currently expected to be widely implemented given that its effectiveness has been demonstrated. Recent work has clarified that the Olds home visitation strategy requires highly trained professionals to provide the intervention. Specifically, skilled nurses have consistently been able to achieve the best long-term outcomes for children and parents. In contrast, lay visitors have not been able to achieve the same degree of improvement. These home visitation programs have been successful in a wide range of geographic communities that have included families with considerable variation in their cultural experiences.

Why Should We Develop Caregiving Programs for Young Children?

In many ways, the answer to this question is self-evident. Young children must be cared for. They simply are unable to take care of themselves. Furthermore, we know that to achieve long-term developmental success, it is critical to establish good interpersonal relationships during the first years of life. When one examines the large number of young children who have been demonstrated to be at risk across the country (CDF 2005), it is disingenuous to deny that a dramatic unmet need exists. Given the importance of emotionally stable children for our future, it is difficult to explain the absence of more aggressive strategies to help young children. The problem is not new and this paradoxical apathy has persisted for many decades (Hersh 1979). The essential question for Americans to face is, "Why does a country, with more resources than any other country in the world, invest so little in the care of their young children when they are in obvious distress?" There is no satisfying answer. One possible hypothesis is that the decision makers still do not appreciate that the "long-term" cost of ignoring this problem is enormous (Mrazek 2001). This cost includes not only billions of dollars spent to control and manage delinquent teenagers and young adults, but also the lost productivity of so many potentially able young adults.

A Public Health Example

A very clear example of one serious health problem that can be best addressed at the stage of early childhood is obesity. Current figures suggest a steady and unremitting increase in the frequency of obese children at all ages (Epstein et al. 1998). However, good data suggests that a particularly critical time for the development of the behaviors associated with ongoing obesity occurs during the early years

between two and five years of age. Interestingly, birth weight does not predict later obesity. In contrast, obesity at two years of age strongly predicts obesity at five years. Furthermore, obesity at five years of age is even more highly predictive of teenage obesity. The magnitude of these associations suggests that some biological processes become activated during these early years. Once activated, this new metabolic pattern leads to a lifetime of excessive eating and the maintenance of dangerously excessive weight. Genetic factors place certain children at extremely high risk for obesity, but environmental interventions have been shown to have good outcomes if initiated systematically during the early child years. The irony of the problem is magnified by the fact that minority populations, who are at particularly high risk for the development of obesity, are often less effectively engaged in public health initiatives. While obesity in young children is not seen as problematic in some cultures, the maintenance of traditional values that support overfeeding young children can have severe negative consequences. While a plump three-year-old may have been viewed as a status symbol in a culture where resources were scarce, the same child in the United States will be at much higher risk for diabetes, hypertension, and heart disease as well as suffering from the damaging effects of social rejection by peers.

A Mental Health Example

Depression is the mental illness that is currently responsible for the greatest level of disability throughout the world. If current trends continue, depression may become the number one international public health concern within thirty years (Kleinman 2001). In the face of these alarming predictions, we have now established that depression is a biological illness and that there are strong genetic vulnerabilities that place children at increased risk for problems in maintaining appropriate affect. Professionals have gone beyond simply documenting the frequency of depression in young children and have developed strategies for helping families to deal with this problem which often begins in the first years of life. Dr. William Beardslee, in his recent book, provides a comprehensible plan for how to "come out of the darkness" (Beardslee 2002). While knowledge of genetic vulnerability is increasing dramatically and new interventions are being developed, the problems associated with depression are rapidly growing more pervasive. Evidence of this reality is found in public health statistics that reveal that suicide is now the second most common cause of death among teenagers in America.

What Should Be Done?

Caregiving must become a higher priority during the early childhood years. The consequences of ignoring this imperative need will be both very expensive and morally wrong. Much of the future of a young child is shaped during these years.

Many of the opportunities that are missed during this period can never be regained. Ideally, a national agenda to insure more practical research designed to identify and correct early problems with caregiving during this time period could avert this crisis. With a greater appreciation of the efficiency of appropriate interventions to improve outcomes, policy can be developed to provide desperately needed support for compromised caregivers who are faced with the overwhelming challenges of providing adequate care for their young children.

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http://www.springer.com/978-1-4614-5552-3

Caregiving Across the Lifespan
Research • Practice • Policy
Talley, R.C.; Montgomery, R.J.V. (Eds.)
2013, XXII, 186 p., Hardcover
ISBN: 978-1-4614-5552-3