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Review

Developmental model of parent-child coordination for self-regulation across childhood and into emerging adulthood: Type 1 diabetes management as an example

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ABSTRACT

Developing individuals and their families benefit from a warm and supportive relationship that fosters the development of good self-regulatory skills in the child needed for a host of positive developmental outcomes. Children and parents face special challenges to self-regulation when faced with a child's chronic illness. A developmental model is presented that traces how positive parental involvement is coordinated with a child's self-regulation skills (regulation of cognition, emotion, and behavior) that are essential for positive health management. This involves different temporal patterns of coordination of child and parent (and other close relationships) that lead to accumulating regulatory developments that afford benefits for managing illness. This process begins early in infancy through attachment and develops into childhood and adolescence to involve the coordination of parental monitoring and child disclosure that serves as a training ground for the expansion of social relationships beyond the family during emerging adulthood. The specific case of families dealing with type 1 diabetes is used to illustrate the transactional and dynamic nature of parent-child coordination across development. We conclude that a developmental model of parent-child coordination holds promise for understanding positive health outcomes and offers new methodological and statistical tools for the examination of development of both child and parent.

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Introduction

The ability to effectively regulate one's cognitions, behaviors, and emotions (i.e., self-regulation) is key to competent functioning across a broad array of indicators such as academic performance, social competence, psychological adjustment, and health (Eisenberg, Spinrad, & Eggum, 2010; Moffitt et al., 2011; Repetti, Taylor, & Seeman, 2002; Tangney, Baumeister, & Boone, 2004). Parents serve as an important resource for the development and maintenance of effective self-regulation (Belsky & Beaver, 2011), such that those who are warm and sensitive to children's needs and monitor children's activities provide a family context that models effective self-regulation and provides a scaffold for children's developing cognitive

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and emotional abilities (Lengua, Honorado, & Bush, 2007; Morris, Silk, Steinberg, Myers, & Robinson, 2007). Self-regulatory skills developed in the family context (impulse control, emotion regulation) allow individuals to successfully navigate an expanding set of challenging contexts (e.g., drinking alcohol and driving, risky sexual practices) during late adolescence and early adulthood that increasingly lie outside of the purview of parents.

Developing individuals and their families may face especially difficult challenges to regulation when faced with chronic illness (e.g., diabetes, asthma, cancer; Compas, Jaser, Dunn, & Rodriguez, 2012; Modi et al., 2012). Nonnormative events such as chronic illness can be viewed as “experiments of nature” (Bronfenbrenner, 1977) that afford the opportunity to examine regulation under conditions of paramount adaptive significance and high stress for families. For example, the management of type 1 diabetes requires a complicated and intensive daily regimen of behaviors including repeated glucose testing and insulin injections. These behaviors must be managed in the face of daily negative emotions (Fortenberry et al., 2009) and cognitions such as perceptions of low self-efficacy and control that are offset by greater parental involvement (Berg et al., 2011; Berg et al., 2013; King, Berg, Butner, Butler, & Wiebe, 2014).

Although it is clear that parental involvement is beneficial for chronic illness management, the literature is somewhat fragmented with research focusing on different (albeit related) facets of parental involvement (e.g., support, parental monitoring, criticism) that facilitate or hinder a wide array of child self-regulatory characteristics (adherence behaviors, self-efficacy, self-control, emotion regulation, coping) relevant to health outcomes. Many of these child characteristics can be viewed as reflective of effective self-regulation (see Lansing & Berg, 2014). Further, this literature focuses on a specific direction of effects such that parental involvement presumably leads to enhanced chronic illness management through youth self-regulation skills. However, recent longitudinal research is supportive of the view that facets of parental involvement co-occur (e.g., high parental support co-occurs with low criticism), as do child self-regulation skills (e.g., high self-efficacy co-occurs with high adherence), and that these patterns of parental involvement and child characteristics are coordinated together (Helgeson et al., 2010; King et al., 2012; Luyckx & Seiffge-Krenke, 2009; Wiebe et al., 2014). That is, parents’ involvement changes together with youths’ self-regulation skills and illness management, mutually influencing each other across time.

In this article we present a developmental model of the coordinative process that exists between parents and children, a coordination that begins early in infancy and extends across the adult life span. Coordination is defined as the emergent temporal patterns between child and parent as they move together throughout time. This model draws on recent developmental theory that highlights the bi-directional nature of relationships between parents and children, whereby parenting not only affects the developing regulatory skills in the child, but these regulatory skills alter subsequent parenting as well (Hipwell et al., 2008; Pardini, Fite, & Burke, 2008). Our model captures these time-dependent relationships between child and parent as different forms of coordination.

In this paper, we highlight aspects of our model using type 1 diabetes as an example, as it is an illness that has daily regulatory challenges where parental involvement is beneficial. We first review the literature on parental involvement and illness management to demonstrate that there is existing evidence for the connection between positive facets of parental involvement (accepting relationship, monitoring, and behavioral involvement) and good adolescent self-regulation that facilitates management behaviors. Second, utilizing the broader developmental literature, we trace how this coordinative process begins early in infancy through attachment processes and develops across childhood, adolescence, and emerging adulthood. We also show that the coordinative process between parents and children serves as an important foundation for the development of new coordinations with close relationships outside of the family (Smetana, Campione-Barr, & Metzger, 2006). During adolescence especially, other relationships such as friends and romantic partners may enter into this coordinative process, as individuals solicit the instrumental and emotional support needed to manage chronic illness during young adulthood. Third, we illustrate how this model can identify forms of coordination across development and reduce the number of variables that are used to characterize these coordinative patterns. Finally, we conclude by noting the implications of the model for a life-span approach to chronic illness management, interventions for families, and the generalizability of our model beyond chronic illness into multiple domains of youth functioning. The model holds promise for a dynamic life-span perspective of the development of self-regulation skills within close relationships that views the parent-child relationship as setting the stage for the successful development of a larger coordinated system involving romantic partners and close friends as well as parents (Berg & Upchurch, 2007; Dinero, Conger, Shaver, Widaman, & Larsen-Rife, 2008; Nosko, Tieu, Lawford, & Pratt, 2011).

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The context of type 1 diabetes

We utilize the chronic illness of type 1 diabetes to illustrate the developmental model of parent-child coordination for illness management. Type 1 diabetes is a prevalent chronic illness affecting some 1 in 400 children (Mayer-Davis et al., 2009), caused by an autoimmune mediated deficiency of insulin secretion (Kaufman, 2012) by the pancreas. It is a serious illness that is associated with substantial decreases in longevity for those diagnosed during childhood (Pambianco et al., 2006). The goal of treatment is to achieve glycemic control that avoids both hypo- and hyper-glycemia. This is accomplished through adjusting the amount and timing of insulin together with multiple daily blood glucose tests (typically a minimum of

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