

Parenting Under Pressure

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Chapter 1

Introduction

The recent COVID-19 pandemic has caused tremendous pressure on caregivers, children, and families on a global scale. Previous research investigating the impacts of traumatic events on caregiver child relationships has shown the importance of maintaining positive caregiver child relationships in order to buffer the distress of the child. Despite the fact that traumatic events may present several challenges that potentially strain caregiver child relationships, parental buffering may alleviate anxiety and stress. While there is a breadth of existing research that encapsulates the benefits of strong caregiver child relationships during troubled times, little research exists on the transfer of parent threat information to children and its implications in the child's heightened fear and anxiety. Furthermore, few studies have surfaced regarding the larger emotional and behavioral impacts of COVID-19 on caregivers and children alike. As a traumatic experience, COVID-19 poses unique threats to families due its impacts in social distancing and self-isolation. Research in this topic will be integral to informing interventions that may diminish the negative effects of this traumatic experience for the future.

This study seeks to explore the ways in which the COVID-19 outbreak has specifically influenced caregivers, children, and families. In determining children's largest sources of information about COVID-19, we will assess the impacts of parent threat information on the child's fear about illness and contamination, and the larger implications for the child's anxiety. Moreover, we will evaluate the impacts of the COVID-19 outbreak on parent-child relationships and parental stress, focusing on the potential ways in which caregivers are buffering their child's stress during this period.

Keywords

Parenting, COVID-19, pandemic, stress, children

Chapter 2

Background

The effect of mass traumatic events has been shown to be extremely impactful to psychological health. Mass trauma experiences can result in a number of acute and chronic stress reactions, which may lead to a number of longer-term poor mental health outcomes (Chriman & Dougherty, 2014). More specifically, previous outbreaks have been shown to cause tremendous impacts on fear, anxiety, depression, posttraumatic stress, and subjective well being (Cheng & Cheuong, 2005; Perrin et al., 2009; Wu et al., 2005). While a large majority of the population may experience negative impacts on their mental health, caregivers and children may carry a specific set of challenges following such traumatic events.

Mass traumatic events disrupt a system of care and security, which may largely impact family relationships (Gerwitz et al., 2008). Not only are children particularly vulnerable to the threats posed by fearful events and subsequent pervasive media coverage (Pfefferbaum et al., 2005), but previous research in the context of terror attacks has shown that children are also largely affected by negative parental reactions to such events (Phillips et al., 2003). Negative parental reactions, which may root from a caregiver's own concerns about health, job security, their child's safety, was found to be associated with higher distress in children (Phillips et al., 2003).

Although each traumatic event may pose its own unique challenges and impacts, the impact of parent action to child outcome has been displayed in previous research regarding pandemics. Literature on the 2009 Swine Flu pandemic has assessed the role of parent threat information and its impacts on child fear of the pandemic, highlighting the significant relationship between parental fear of the disease and its transmission to child fear through parental sources of information (Remmerswaal & Muris, 2011).

Chapter 3

Specific Aims

The proposed study will assess the impacts of COVID-19 on caregiver-child relationships and mental health outcomes for children. This study has 4 specific aims:

- (1) Determine the impacts of COVID-19 on caregiver-child relationships and parental stress.
- (2) Identify whether the transfer of parent threat information about COVID-19 is associated with higher fear and anxiety in children.
- (3) Determine whether parental buffering actions during COVID-19 can moderate the association between parent threat information and poorer mental health outcomes in children.
- (4) Establish underlying emotional themes within qualitative responses detailing COVID-19 experiences within the family unit.

We hypothesize that parents who engage with more threat-related media and less buffering activities will have higher levels of parenting stress and children with higher levels of distress.

Chapter 4

Methods

4.1 Measures

4.1.1 Information

Title	Description	Reference
COVID-19 Information	This questionnaire consists of 12 items to identify health changes and lifestyle changes made from the impacts of the COVID-19 outbreak.	Made by BABLab; adapted from the CASPE- parent (Lacouceur, 2020), the Combined COVID Health Emotional Lifestyle Changes (Pfeifer, 2020), and the COVID Lifestyle Changes (Pfeifer, 2020)

Title	Description	Reference
Demographics	This questionnaire consists of 23 items to identify the child's age, caregiver information, parental socioeconomic status, underlying health conditions, and geographic location. This questionnaire also contains the MacArthur Scale of Subjective Social Status, which assesses the sense of social status across factors of socioeconomic status by asking individuals to place an "X" on the area of the "social ladder" they feel they most identify.	(Adler et al., 2000)

4.1.2 Affect

Title	Name	Description	Reference
PANAS	Positive and Negative Affect Schedule- Parent Self-Report	This self-report questionnaire consists of 20 items measuring both positive and negative affect. The questionnaire asks participants to rate each item on a 5-point scale of 1 (not at all) to 5 (very much) indicating the way they have felt over the past week.	(Watson et al., 1988)
Written Reponse	COVID-19 Written Response- Parent	This self-report measure consists of one long-form qualitative response, prompting a parent to write continuously for five minutes about the impacts of COVID-19 on their life and family.	Made by BABLab; adapted from (Pennebaker, 1997)

4.1.3 Anxiety

Title	Name	Description	Reference
RCADS-P	Revised Children's Anxiety and Depression Scale-Parent Proxy	This 47 item questionnaire contains subscales of separation anxiety disorder, social phobia, panic disorder, low mood, obsessive compulsive disorder, and generalized anxiety disorder. The scale asks participants to rate how often their child experiences each item.	(Chorpita et al., 2000)
STAI	State-Trait Anxiety Inventory-Parent Self-Report	This Inventory contains two blocks, 20 items detailing state anxiety and 20 items detailing trait anxiety. The inventory asks participants to rate how often they feel each item, in either the context of general feelings or how the participant feels currently, to assess both state and trait anxiety.	(Spielberger et al., 1983)

4.1.4 Early Life Stress

Title	Name	Description	Reference
TESI-PRR	Traumatic Events Screening Inventory - Parent Report Revised	The TESI-PRR assesses a child's/adolescent's experience of a variety of potential traumatic events including previous injuries, hospitalizations, domestic violence, community violence, disasters, accidents, abuse.	(Ghosh-Ippen et al., 2002)

4.1.5 Fear

Title	Name	Description	Reference
FIVE-Parent Report	Fear of Illness and Virus Evaluation-Parent Proxy Report	This is a 35-item parent report questionnaire constructed to measure child fear of illness and virus. This questionnaire lists items related to fears about contamination, illness, and social distancing, and behaviors and impacts related to these illness and virus fears and asks participants to rate on a scale of 1-4 how often they are afraid of each item within the last week.	(Ehrenreich-May, 2020)

Title	Name	Description	Reference
FIVE- Adult Report	Fear of Illness and Virus Evaluation-Parent Self-Report	This is a 35-item parent report questionnaire constructed to measure adult fear of illness and virus. This questionnaire lists items related to fears about contamination, illness, and social distancing, and behaviors and impacts related to these illness and virus fears and asks participants to rate on a scale of 1-4 how often they are afraid of each item within the last week.	(Ehrenreich-May, 2020)
GMF-PR	General Medical Fears Questionnaire-Parent Proxy Report	This 7-item questionnaire is designed to evaluate child general medical fear. The measure asks participants to rate each item on a scale of 1-3 how much they fear each item.	Made by BABLab; adapted from the Revised Fear Survey Schedule for Children (FSSC-R) (Ollendick, 1983)

Title	Name	Description	Reference
GMF-SR	General Medical Fears Questionnaire-Parent Self-Report	This 7-item questionnaire is designed to evaluate parent general medical fear. The measure asks participants to rate each item on a scale of 1-3 how much they fear each item.	Made by BABLab; adapted from the FSSC-R (Ollendick, 1983)

4.1.6 Parent-Child Relationship

Title	Name	Description	Reference
PCRQ	Parent Child Relationship Questionnaire-Parent Report Form	This is a 27-item questionnaire designed to measure the quality and security of the parent and child relationship. The questionnaire asks participants to rate on a scale of 1-5 how much each statement applies to him/her.	Made by BABLab; adapted from the Emotional Availability Self Report (Biringen et al., 1998), Network of Relationships Inventory (Furman & Buhrmester, 2009), Parental Reflective Functioning Questionnaire (Luyten, et al., 2017), Parent Emotion Regulation Scale (Pereira et al., 2017), Child Parent Relationship Scale (Pianta, 1992), and the Attachment Q-Sort Observational Measure (Waters & Deane, 1985)

4.1.7 Parental Buffering

Title	Name	Description	Reference
PBQ	Parental Buffering Questionnaire-Parent Report Form	This questionnaire contains three blocks to assess parental buffering in child stress. The first block contains 6 items to assess parental belief in being effective buffers, prompting participants to rate on a scale of 1-7 to which they agree or disagree. The second block contains 15 items of buffering actions, with a scale of 1-7 measuring how often these actions occur and a scale of 1-6 measuring effectiveness of each action. The third block contains a qualitative response about parent buffering of child stress.	Made by BABLab; adapted from the Early Intervention Parenting Self-Efficacy Scale (Guimond et al., 2008), CASPE-Parent (Lacoureur, 2020), PERS (Pereira et al., 2017), and the Modified KIDCOPE (Pfieffer & Lewis, 2020)

Title	Name	Description	Reference
BIQ	Buffering Information Questionnaire- Parent Proxy Form	This 2 item questionnaire assesses whether parents feel they have access to adequate information to support their child's psychological health during COVID-19 and the sources of this information.	Made by BABLab

4.1.8 Parenting Stress

Title	Name	Description	Reference
PSCQ	Parenting Stress Covid-19 Questionnaire - Parent Report Form	his questionnaire consists of two blocks, separating the evaluation of parental stress prior to COVID-19 with 4 items, and during COVID-19 with 6 items. The questionnaire asks participants to rate on a scale of 1-5 how much they agree with each item related to parental stress.	Made by BABLab; adapted from the Parental Stress Scale (Berry & Jones, 1995), COVID-19 Adolescent Symptom & Psychological Experience Questionnaire- Parent (Ladouceur, 2020), and the Adolescent Social Connection & Coping During COVID-19 Questionnaire (Pfeifer, 2020)

Title	Name	Description	Reference
RDAS	Revised Dyadic Adjustment Scale	Used to assess the quality of the parents' relationship (if applicable). 14-item self report questionnaire that assesses seven dimensions of couple relationships within three overarching categories including "Consensus" in decision making, values and affection, "Satisfaction" in the relationship with respect to stability and conflict regulation, and "Cohesion" as seen through activities and discussion. Respondents rate certain aspects of their relationship on a 5 or 6 point scale.	(Busby et al., 1995)

4.1.9 Sleep Habits

Title	Name	Description	Reference
ASHQ	Adolescent Sleep Habits Questionnaire-Parent Proxy Form	This 54 item parent-rated questionnaire assesses behaviors most commonly associated with sleep difficulties in adolescents. This questionnaire focuses on the frequency of such sleep behaviors within the previous two weeks.	(Grant, 2005)
CSHQ	Child Sleep Habits Questionnaire-Parent Proxy Form	This 45 item parent-rated questionnaire assesses behaviors most commonly associated with sleep difficulties in children. This questionnaire focuses on the frequency of such sleep behaviors during the most recent week.	(Owens et al., 2000)

4.1.10 Threat Information

Title	Name	Description	Reference
SICS	Sources of Information about COVID-19 Scale-Parent Proxy Report	his 9-item questionnaire is designed to evaluate the sources of information in which children are receiving about COVID-19. The scale lists items related to parent threat information, media, school, friends and asks participants to rate on a scale of 1-5 how true each item about the source of information their child receives.	Made by BABLab; adapted from the Sources of Information about Swine Flu Scale (Remmerswaal & Muris, 2011)