

PARENTAL CONCERNS DEFINITION: A LITERATURE REVIEW

Susana Algarvio¹ & Isabel Leal²

¹ISPA-IU, 1149-041, Lisboa, Portugal; e-mail: susana.algarvio@ispa.pt; ² ISPA-IU, 1149-041, Lisboa, Portugal; e-mail: ileal@clix.pt

ABSTRACT: Background: The evaluation of parental concerns is considered of extreme importance in clinical practice, confirmed by current research. However, criteria for the definition of parental concerns are not standardized, and reflect different levels of analysis. The purpose of this study was to build a descriptive literature base of the current research on parental concerns.

Methods: An extensive search was conducted using MEDLINE, ERIC, PsycINFO, PsycARTICLES, Academic Search Complete, Education Research Complete, PEP Archive, and Psychology and Behavioral Sciences Collection databases. The key words used were parental concerns. Criteria for inclusion were: peer-reviewed publications, parental concerns' assessment, issue of interest for general parenting.

Results: A total of 4130 publications were abstracted and reviewed, 128 were selected for inclusion. Themes from these papers were identified and were grouped according to seven main outcome categories: Parental concerns' definition, parental concerns' determinants, parental concerns predictive of children's problems, parental concerns predictive of parental behaviour, parental concerns' outcomes, parental concerns' influence on healthcare professionals, and parental concerns and intervention strategies.

Conclusions: Evidence demonstrated that parental concerns are an expected and positive aspect of parenting. They influence parental behaviour and thus promote positive outcomes in children. Parental concerns presented high sensitivity regarding children's problems, being considered as effective as formal testing. General parental concerns, the factors that influence them and the related outcomes should be considered in future studies. Further research should also address the development of standardized instruments for the assessment of general parental concerns.

Key-words: Parenting; parental concerns; parental concerns definition; review of literature

DEFINIÇÃO DE PREOCUPAÇÕES PARENTAIS: REVISÃO SISTEMÁTICA DE LITERATURA

RESUMO: Objetivo: A avaliação das preocupações parentais é considerada fundamental na prática clínica, aspeto confirmado na literatura. No entanto, os critérios para a definição de preocupações parentais não se encontram bem definidos e refletem diferentes níveis de análise. Este estudo tem como objetivo organizar uma base descritiva da literatura existente sobre preocupações parentais.

☒ Rua Jardim do Tabaco, nº 34, 1149-041 Lisboa; Telf.: 96 505 56 56; e-mail: susana.algarvio@ispa.pt

PARENTAL CONCERNS DEFINITION

Método: Foi realizada uma pesquisa com a palavra-chave *parental concerns* nas bases de dados MEDLINE, ERIC, PsycINFO, PsycARTICLES, Academic Search Complete, Education Research Complete, PEP Archive, and Psychology and Behavioral Sciences Collection. Os critérios para inclusão foram os seguintes: publicações com arbitragem científica, avaliação de preocupações parentais e, assunto de interesse para a parentalidade genérica.

Resultados: Foram selecionados 128 artigos de um total de 4130. Os artigos foram agrupados em 7 categorias, a partir dos temas identificados: Definição de preocupações parentais, determinantes de preocupações parentais, preocupações parentais preditivas de problemas das crianças, preocupações parentais preditivas do comportamento parental, resultado de preocupações parentais, influência das preocupações parentais nos técnicos de saúde e preocupações parentais e estratégias de intervenção.

Conclusões: Os resultados da investigação demonstram que as preocupações parentais são um aspeto esperado e positivo da parentalidade. Influenciam o comportamento parental, promovendo resultados positivos no desenvolvimento infantil. Apresentam uma elevada sensibilidade relativamente aos problemas das crianças, sendo tão eficazes como um teste de avaliação. Estudos futuros deverão centrar-se nas preocupações parentais genéricas, nos seus fatores de influência, nos seus resultados, e no desenvolvimento de instrumentos de medida de avaliação das preocupações parentais.

Palavras-chave: Parentalidade; preocupações parentais; definição preocupações parentais; revisão de literatura

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There is an extensive body of research concerning the identification of parental concerns regarding specific groups of parents, determined medical conditions, educational issues, or different children's problems. The importance of addressing parental concerns is also well documented; however, as a result of the vast scientific production in this area, criteria for defining parental concern are not standardized. Some studies considered what parents expressed as their concerns, and others, what researchers considered to be cause for concern based on the literature.

Few studies explored parental concerns in the general population, concerning normative parenting. Stickler et al. (1991) compared parental worries to actual medical and social risks. They concluded that the majority of parents focused their concerns on good parenting, systematized in providing their children with appropriate discipline, affection, good values and morals, and about providing sufficient financial support for their families. Their results also pointed to some issues causing disproportionate anxiety comparing to real risks, such as the abduction of the child, representing the highest percentage of frequent worries expressed by the parents who participated in the study.

A longitudinal study was conducted by Mesibov et al. (1993) in a paediatric setting, with parents from middle socioeconomic class. Results indicated that negative behaviours were the most frequent cause for concern and that there were certain ages (2-3 years old) that caused more concern in parents.

Blanchard et al. (2006) using data from the 2003 National Survey of Children's Health, with 102,353 children from the United States, reported rates of parental concerns about emotional, developmental, or behavioural problems much higher than the rates of children that were actually diagnosed with those problems.

A more recent study was conducted in the Netherlands (Reijneveld et al., 2008) with a representative sample of 4107 parents, to assess the prevalence of parental concerns about their child's development and also to identify risk groups. The results obtained showed that 49.3% of the parents reported some concerns, and 8.7% reported frequent concerns, mostly concerning child behaviour. The prevalence rates of professional-assessed parenting problems were much lower than those reported by the parents. They concluded that, considering the high prevalence rates obtained, parental concerns must be a general aspect of parenting.

Slater et al. (2010) identified parents' concerns in 1202 Australian parents of children from 2 to 16 years old. Parents were mostly concerned about their child's education (35%), child's health and well-being (25%) and violence, drugs and alcohol (20%). Despite aiming at the children's diet, activity habits and weight status, this study did provide additional information about normative parenting.

METHODS

An extensive search was conducted using several databases: MEDLINE, ERIC, PsycINFO, PsycARTICLES, Academic Search Complete, Education Research Complete, PEP Archive, and Psychology and Behavioral Sciences Collection. The key words used were parental concerns. Criteria for inclusion were: peer-reviewed publications, parental concerns' assessment, issue of interest for general parenting.

RESULTS

A total of 4130 publications were abstracted and reviewed, 128 were selected for inclusion. Themes from these papers were identified, and were grouped, according to seven main outcome categories: Parental concerns' definition, parental concerns' determinants, parental concerns predictive of children's problems, parental concerns predictive of parental behaviour, parental concerns' outcomes, parental concerns' influence on healthcare professionals, parental concerns and intervention strategies. Another theme was identified but it was not selected for inclusion: the identification of parental concerns under determined health, educational and social circumstances, because of its specificity on the parenting process.

Parental concerns definition

According to Mesibov et al. (1993), most studies defined parental concerns by how frequently a paediatrician makes a referral of a parent with a specific concern to a psychologist, social worker or psychiatrist.

Winnicott (1979) considered that the capacity for concern is acquired when the individual reaches a level of emotional maturity where he/she cares, feels, and accepts responsibility for the other. It is generally accepted that parental concern is characterized by sympathy, care for the child (Fouladi et al., 2006; Huppertz et al., 2008; Kloep et al., 2001), more specifically, by a preoccupation with the interests and wants of the child, which was also verified in neuropsychological studies (Swain et al., 2007). This concern can be expressed as protection, involvement, support and encouragement (Fouladi et al., 2006) or even as anger when the child presents destructive tendencies that put his/her development at risk (Likierman, 1987).

PARENTAL CONCERNS DEFINITION

Parental concerns may address child-related concerns, and/or parent-related concerns, defined as job stress, and personal concerns (Duhig et al., 2002; Greenberger & O'Neil, 1990). Accordingly, Dix (1991; 1992) conceptualized parental concerns related to parental goals, organized into child-centred goals, and parent-centred goals. He further refers that effective parenting must have child-centred goals, even though parents' concerns must be considered in positive parenting. Parenting evolves organizing emotions empathically around concerns and outcomes necessary to the child's well-being and development. Additionally, this parental emotional awareness will promote the attendance to the child's needs, the willingness to teach, to encourage and to comfort.

Parental concerns' determinants

Parental concerns usually express actual problems being experienced by the child, but evidence has reported different influence factors. Therefore, parental concerns may be influenced by internal factors, like parents' personality characteristics (Demby, 2009; Matthey, 2001; Wildman et al., 2004), parental cognitions (Sadeh et al., 2007), parental separation anxiety (Kaitz, 2007; Sadeh et al., 2007), and parents' mental health problems (Briggs-Gowan et al., 1996; Dix, 1992; Swain et al., 2007).

Several studies supported evidence for external factors influencing parental concerns, related to the child, such as difficult temperament or behaviour (Ellingson et al., 2004; Kaitz, 2007; Owens & Palermo, 2008), or related to the parents, such as family stress, resulting from recent divorce (Campbell & Johnston, 1986; Hodges et al., 1990), family violence (Wissow et al., 1992), poverty and chronic stress (Richter, 2003), and also job stress (Kaitz, 2007; Barnett et al., 2010).

Mothers that have experienced obstetrical complications also presented contiguity of concerns overtime (Kaitz, 2007). Negative events may diminish the parents' ability to differentiate their children's needs from their own, and consequently the possibility to protect and care for their child (Campbell & Johnston, 1986; Dix, 1992).

Concerning the effects of demographic factors on parental concerns, Glascoe et al. (1989; 1995) did not obtain significant differences for the type of concerns parents raised, as well as for their accuracy. However, Reijneveld et al. (2008) reported that frequent concerns were more prevalent among parents of young children, of labour-immigrant origin, with low family income and a medium paternal educational level.

Parental concerns predictive of children's problems

Glascoe et col. (1989; 1991; 1994; 1995; 1997; 1999; 2003) conducted an extensive research about the importance of using parental concerns as an indicator of children's developmental and behavioural problems. These studies allowed the development of a well standardized instrument to elicit parental concerns, named Parents' Evaluation of Developmental Status, and also provided evidence that parental concerns were highly predictive of behavioural and developmental problems in children.

Several studies provided evidence for parents' concerns high sensitivity in identifying developmental delays in children. Parents' concerns for speech, language, motor, or cognitive skills were indicators of developmental delay (Coghlan et al., 2004; Chung et al., 2011; Diamond, 1993; Glascoe et al., 1989; Glascoe, 1991; McGinty, 2000; Samms-Vaughan & Franklyn-Banton, 2008). However, parental concerns about cognitive problems, global delay, or associated behavioural concerns presented lower sensitivity for developmental delay (Chen et al., 2004; Chen et al., 2007; Chung et al., 2011; Glascoe & Dworkin, 1995). Parental concerns about behaviour, emotions, and/or language were often indicators of developmental delays rather than behavioural delays

(Glascoe, 1994; Oberklaid et al., 1979). In addition, Reijneveld et al. (2008) verified that professional and parent agreement varied from 73.8% in behavioural problems, to 87.5% in developmental delays.

High sensitivity was also obtained in identifying children's behavioural problems, although the positive predictive value was low because parents voiced more concerns than the children had significant problems (Glascoe et al., 1991; Malhi & Singhi, 2002; Mulhern et al., 1994). A similar result was obtained with hearing concerns (Hammond et al., 1997) and in the study by Stickler et al. (1991) where parental concerns were much higher than the actual risks the child was facing.

Furthermore, parental concerns voiced in early childhood significantly predicted school-age problems (Briggs-Gowan & Carter, 2008; Diamond, 1987; Restall & Borton, 2010), and identified a large number of children with hearing loss (Olusanya et al., 2006; Thompson & Thompson, 1991).

Ford et al. (2005) conducted a nationally representative study in Great Britain, with 10438 children aged from 5 to 15 years, addressing parental concerns about their children's emotions and behaviour. Results from this study confirmed that clinicians should rely on the lack of parental concern about the presence of psychiatric disorders in the child. Parents were accurate at identifying conduct disorders, and positive predictive power increased when both the parent and the teacher were concerned.

Specificity was found to be high in all the studies considered (Drachler et al., 2005; Ford et al., 2005; Glascoe, 1997), addressing American, Brazilian, and British, populations of parents. However, in the Brazilian results pointed to a 99.5% of negative predictive value for the wealthier and higher educated mothers, while for deprived mothers, 5% of the children considered to have a normal development by their parents obtained a score reflecting a developmental delay. Even though the authors considered a lower predictive value for this population, it still maintained a high positive predictive value of 95%.

Concerning chronic diseases, Kulkarni (2007) found that for the majority of parents with hydrocephalus, their concerns fairly reflected the status of their child. Wren et al. (2003) conducted a large study about child's psychosocial problems, with 395 clinicians and 20861 children aged between 4-15 years. They verified that parental concerns about mood and anxiety symptoms were not predictors of psychosocial problems.

Concern is considered excessive when parents report concern about children's problems that are not confirmed by a professional assessment. Nevertheless, it may reflect an underdiagnosis, representing a more sensitive observation from parents that should be further investigated by clinicians (Diamond, 1993; Glascoe, 1991; Glascoe, 1997; McMahon et al., 2007). Glascoe et al. (1991) found that parents concerns which were not confirmed by a behavioral screening, had children with more behavioural problems than those parents who did not have any concerns.

Parental concerns predictive of parental behaviour

Dix (1992) considered that parents engage in determined behaviours once they have defined a particular goal concerning their children. Parental concerns over the negative effects of television were significant predictors of the television mediation style (Valkenburg et al., 1999), as well as parental safety concerns predicted the use of a car to take children to school (Ridgewell et al., 2009). These parental concerns were also associated with being proactive in mothers of children with disabilities (Vaughan, 2005); they were considered fundamental to the fathers' involvement in families with children with haemophilia, and therefore also important for the family's success in concerning their coping strategies (Mattsson & Gross, 1966); and were likely to promote healthier practices in overweight or obese children (Lampard et al., 2008). Parental concerns were also

PARENTAL CONCERNS DEFINITION

reported as a factor that predicts the seek for help/advice about their child's communication development (Skeat et al., 2010).

Parental concerns may also promote a controlling behaviour, or restrictive parenting practices. They may stimulate a controlling parenting through dependency, related to parental separation anxiety, and achievement, which, in turn, is related to perfectionism (Baptiste, 2005; Soenens et al., 2010). Parental concerns expressed by anxiety for the child, associated with feelings of exhaustion and excessive stress, were related to restrictive practices and controlling behaviour in sick children (Huppertz et al., 2008).

The concern about fever and its potential harm was related to excessive monitoring and treatment of children, which might be felt by them as intrusive (Crocetti et al., 2001). Moreover, parents with greater concern about medication for asthma were more likely to have poor adherence to the children's treatment (Chan & DeBruyne, 2000; Conn, et al. 2005). Similar results were found for parents of children with ADHD, in spite of parents having felt that they were given adequate information about medication's safety (Kiliç et al., 2007; Stine, 1994). Greater parental concern is also associated to reduced uptake of vaccination (Fredrickson et al., 2004; Petousis-Harris et al., 2004), especially in better educated families (Leib et al., 2011).

Excessive parental concern about child's development, or behaviour, predicted significant levels of parenting stress, but did not influence the parents' decision to seek for medical care for their children with mild acute illnesses (Voigt et al., 2009).

Parental concerns' outcomes

The preoccupation with the child's needs allows the formation of strong interpersonal bonds (Swain et al., 2007), and it is predictive of positive outcomes for childhood and adolescence behaviour. It was found to be predictive of less addictive behaviours in adolescence (Kalesan et al., 2006; Kloep et al., 2001), of adolescent's life satisfaction associated with academic competence (Leung et al., 2004), and of children and adolescent's achievement and academic success (Duchesne & Ratelle, 2010). When genuine concern about others' activities is expressed at mealtime, children are less likely to experience internalizing symptoms (Fiese et al., 2006). Greater parental concern and involvement are likely to encourage more active monitoring and controlling of a child's dietary intake, a greater inclination to seek treatment for an overweight child, and improved behavioural treatment outcomes for childhood obesity (Lampard et al., 2008).

Considering parental concern as parental care for the child, the absence of concern may reflect low patterns of parental care. Absence of the father's concern was correlated with child's personality problems (Peterson et al., 1959). Lack of parental concern about the infant's mental and physical development, was associated with mother's substance abuse during pregnancy (Seagull et al., 1996). Furthermore, a lack of parental concern in association with high levels of protection was related with greater internalizing symptoms (Anhalt & Morris, 2008), and with smoking in adolescence (Distefan et al., 1998).

Research concerning childhood obesity reported that parents' low recognition rates of child's overweight or obesity, associated to a lack of parental concern (Bossink-Tuna et al., 2009; Lampard et al., 2008), particularly at school entry (Wake et al., 2008) may prevent parents from implementing strategies to diminish risk factors for childhood obesity (Crawford et al., 2006).

A greater parental concern over the child's weight may lead to a controlling behaviour, overprotection and restrictive practices regarding the child's eating habits (Musher-Eizenman et al., 2007), which may increase the risk of adolescent overweight (Haines et al., 2007); also, this type of behaviour was found to be associated with negative self-evaluations among girls (Davison & Birch, 2001), and even growth failure in infants (Birch, 1990). Nevertheless, maternal concern about

overweight when the child was 4 years old was not associated with the child's body dissatisfaction by the age of 6.5 (Mitchell et al., 2008). Perceptions of parental concerns were predictors of higher eating disorder scores in children between 6 and 14 years old (Gardner et al., 2000). Children's overweight was considered a risk factor for psychosocial problems, when associated to excessive parental concern (Stradmeijer et al., 2000).

Additionally, with participants with eating disorders, both preoccupation and parental interference were significantly (and positively) correlated with depression scores (Miljkovitch et al., 2005). In a study with 4,746 adolescents, from a population-based study about eating patterns and weight concerns among teenagers in the United States, greater parental concern was associated with steroid use, which was also associated with poorer self-esteem and higher rates of depressed mood and attempted suicide (Irving et al., 2002)

Parental concerns associated to controlling parenting, and restrictions, influence negatively the development of social competences and independence in children. Parental concerns were related to low social competences in transplant children (Törnqvist et al., 1999), to changes in sleep arrangements caused by parental separation anxiety in children with epilepsy (Williams et al., 2000), and to less time playing outdoors in primary school children (Bringolf-Isler et al., 2010), which in turn may indirectly influence overweight and obesity, among children (Timperio et al., 2005). Another study suggests that parents that were concerned about their children's activity level provided a less supportive environment for physical activity, and therefore, their children were less active than those of parents that were not concerned (Jackson et al., 2008).

Greater parental concern was also associated with more frequent parental report of internalizing behaviour problems of their children (Bos et al., 2007). Furthermore, when parental concerns were related to perfectionism, they may compromise the chances of academic success (Duchesne & Ratelle, 2010).

Parental concerns' influence on healthcare professionals

Parental concerns may influence medical decisions, even when the procedure is contrary to their initial judgement. Parental concerns influenced paediatric dentists (Zimmerman et al., 2009), dermatologists' decisions to remove benign skin lesions (Lucas et al., 2007), and otolaryngologists' decisions to insert tubes (McIsaac et al., 2000). In certain situations, parental concerns led clinicians to excessive testing and inadequate therapy (Davids et al., 1993; Edwards et al., 1994).

Parental concern and the severity of the child's illness were considered to be more important than social circumstances, in determining referral from general practitioners to specialist services, concerning psychiatric disorders in children (Chithiramohan et al., 1993). In another study, the majority of general practitioners made their referral to tertiary neurodisability, responding to parental concerns, in the absence of a medical diagnosis (Dale & Godsman, 2000).

Dulcan et al. (1990) verified that parental anxiety or depressive symptoms influenced paediatricians' identification of psychiatric problems in children. In addition, physicians are more likely to identify children's psychiatric and/or psychosocial problems and make referrals for intervention when parents openly voice their concerns about their children (Dulcan et al., 1990; Lynch et al., 1997; Wildman et al., 1999).

A study reported that more paediatricians considered their job less satisfying (46%), compared with physicians (21%), because of parental vaccine concerns (Kempe et al., 2011).

PARENTAL CONCERNS DEFINITION

Parental concerns and intervention strategies

Research provided evidence of parental concerns accuracy compared with formal testing. They provide multiple advantages to health professionals, such as, being easy to elicit, taking few professional time, and providing a collaborative approach. The eliciting of parental concerns allows the clinician to decide the type of intervention the parents' and or the child need: the promotion of normal development, reassurance, referral, or routine monitoring (Glascoe, 1999). The information about the source, and the intensity, of parental concerns may also be helpful to better understand the concern parents report (Diamond, 1993; Lampard et al., 2008).

In spite of parents being considered reliable sources of information, some studies concluded that parents thought that health professionals failed to listen to their concerns (Restall & Borton, 2010), or adopted a "wait and see" approach, in speech and language delays (Lindsay & Dockrell 2004; Rannard et al., 2005), in developmental delays (Restall & Borton, 2010; Shevell et al., 2001), and in constipation (Farrell et al., 2003), which caused parental dissatisfaction. One of the major determinants of parental satisfaction with healthcare providers was the professional understanding of parental concerns, associated to directness, good communication, and receiving information (Hasnat & Graves, 2000; Restall & Borton, 2010). Even when the clinical impact of the problem is considered to be minor by the professional, parents need to perceive that their concerns are taken seriously (Farrell et al., 2003).

However, it was also found that there were parents who reported high levels of concern about enuresis (Inan et al., 2008), constipation (Inan et al., 2007), and behavioural problems (Ellingson et al., 2004; Glascoe, 1999), but did not voice their concerns to professionals. Studies addressing reasons why parents do not seek for professional assistance concluded that not knowing an appropriate care provider (Fujiwara et al., 2011), as well as confidence that the problem will resolve itself, difficulties experienced in asking for help, and the inability to judge the severity of children's problems, were the most frequent reasons mentioned (Barbarin, 2007; Reijneveld et al., 2008). Moreover, according to Glascoe (1999), parents thought that if their children's problems were significant, professionals would detect them on their own.

Reijneveld et al. (2008) analyzed sociodemographic factors that could influence the help seeking process, and verified that labour immigrant families (62%), fathers with low (34%) or unknown (33%) educational level, income below poverty level (38%) or unknown (41%), and children aged between 7 and 12 years (36%), reported higher rates of not seeking help, in spite of presenting significant concerns.

Facing the difficulty of some parents to seek professional help, despite their high levels of parental concern, professionals should elicit their concerns using screening measures that rely on parental reports (Ellingson et al., 2004; Glascoe, 1999). According to Glascoe and Dworkin (1995) parental concerns and well standardized parent report measures should be used in combination and constitute an effective method for the early detection of behavioural and developmental problems in primary-care settings. Additionally, parents reported more concerns when a checklist was used than when they were asked to voice their own concerns (Kanoy & Schroeder, 1993; Triggs & Perrin, 1989). Similarly, when paediatricians used a checklist a higher number of concerns were discussed with parents (Triggs & Perrin, 1989). Regalado and Halfon (2001) reported that the use of validated approaches for the assessment of parental concerns and psychosocial risk factors seem to be more accurate in identifying developmental problems than clinicians' appraisals.

Considering the low positive predictive value of parental concerns, the referral based only on parental concerns would implicate excessive over-referral rates. According to Ford et al. (2005), when parents express concern about behavioural problems, they should be asked if the teacher is also concerned, which was reported as being more predictive of children's problems. For those

parents that present unvalidated concerns, professionals are advised to make additional assessments before deciding if children should be referred or if parents should receive in-office counselling (Glascoe, 1997; Glascoe et al., 1991). Additionally, there is evidence to support that those parents who present unvalidated concerns are highly likely to respond quickly to early intervention (Glascoe & Dworkin, 1995).

In spite of the influence of parents' mental health problems on parental concerns, or other factors causing excessive concern, it is more likely that those parents will also have children with problems. According to Glascoe and Dworkin (1995), when parents are distressed and express concerns about their children, they are more likely to provide accurate clinical information. However, professionals should intervene differently, addressing parental concerns about their children, but also recommending health or social services for parents (Kulkarni, 2007).

Regarding adherence to treatment, studies reported that when parents concerns are heard and discussed, they are more likely to comply with the child's medical treatment (Chambers et al., 1997; Cuffwright, 2008; Fredrickson et al., 2004; Huang et al., 2001). Although parental concerns were associated to a lack of knowledge, there is evidence that it is not sufficient to educate and inform parents in order to achieve changes in their behaviour, or even to decrease parental concerns (Chan & DeBruyne, 2000; Franck et al., 2004; Huang et al., 2001; Stine, 1994). Therefore, it is fundamental to encourage parents to verbalize, rather than act, the concerns that may lead to non-adherence to the medical treatments (Sadeh et al., 2007; Stine, 1994). Blanchard et al. (2006) suggested a change from a focus on a child's developmental and behavioural problems, to one that takes into account the influence of these problems on the family.

In spite of considering that effective parenting must be centred on the needs of the child, a professional focus on parental concerns, rather than on concerns about the child, may present an opportunity to express feelings, to offer care and encouragement that can then be used with the child. A study addressing the involvement of fathers in therapy, verified that both parents responded well to being offered extra therapy sessions that focus on their own personal concerns (Duhig et al., 2002).

Considering that parental concerns expressed by parents to healthcare professionals are mostly related to normal child development, parent education programs should include a multidisciplinary team, concerning multidisciplinary settings, specific children's ages, and childrearing problems (Mesibov et al., 1993). A multidisciplinary team will also be helpful to the help seeking process, by orienting parents to the appropriate care provider, and assisting with care coordination (Restall & Borton, 2010). Furthermore, active listening skills to understand parental concerns are supportive to parents, and may result in benefits to the parents-child relationship (Tomlin, 2003).

DISCUSSION

Overall, evidence supports the fact that parental concerns are an expected and positive aspect of parenting. Parents' concerns about different aspects of parenting are highly prevalent in the general population, and are predictors of positive outcomes in children. Additionally, research reported that parental concerns should be considered as effective as formal testing because they were found to be highly sensitive to certain children's problems.

Parents need to perceive that their concerns are taken seriously by professionals, factor that promotes satisfaction with healthcare services, and may even prevent mental health disorders in children. Therefore, listening, and eliciting parental concerns are major issues in preventive healthcare, in the diagnostic process, and in the children's treatment.

PARENTAL CONCERNS DEFINITION

Nevertheless, there are factors that might influence parental concerns, and also their possibility of being voiced, that could adversely affect parent-child relationships. Excessive concern or lack of concern may have an effect on parents' behaviour that will affect the child's well-being.

General parental concerns should be further studied, as well as the factors that predict lower or higher levels of parental concern, and that may be a risk factor for children's physical and mental health problems. Further research should also address the development of standardized instruments for the assessment of general parental concerns and the difficulties the healthcare professionals face when communicating with parents and their children about parental concerns.

Key messages

- Parental concerns are a positive aspect of parenting and are predictive of children's problems
- Excessive parental concern or lack of concern may have an adverse effect on the child's well-being
- Parental concerns should be addressed by health professionals
- Professionals should improve their skills/abilities to better communicate with parents
- Instruments must be developed to elicit parental concerns

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