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Landing Helicopter Parents

The recently coined term “helicopter parents” refers to parents who hover close to their children with the impression that this will keep them safe or ensure their success. We more formally call these

parents “overprotective,” “overintrusive,” or “facilitators” for their kids. The new term may make this behavior seem more normal or even more amusing than it really is.

When you see helicopter parents in your practice, it’s hard to know exactly what your role should be. How intrusive should you be to try to change their ways? Is helicopter parenting just a trendy soci-

etal or cultural phenomenon? Or do you really have enough information that it is a problem to justify your offering advice?

Even though answers to those questions may still be “up in the air,” overall such overprotection can have significant side effects and should be “on our radar”!

There are some pretty obvious reasons for the increase in helicopter parenting. One is cell phones. Everybody has cell

phones, even some 6-year-old children. All the calling and texting back and forth makes it too easy to know every move the child makes. These days, if the children are not out of the house with their cell phones, they likely are at home playing video games or in a sport to which they were driven by the parent.

And these activity choices are part of a vicious cycle being selected – if not to promote entry to Harvard then to keep kids busy. Once one family puts their kids in planned activities, there are fewer peers available to play with after school, so other parents do the same. Smaller family sizes also can encourage helicopter parenting. If parents have five children, there is no time for hovering! Families with fewer children also may have more psychologically invested in each child.

I think that it is no accident that helicopter parenting has emerged at the same time most women are in the workplace full time. When home, working mothers, full of guilt, “up their efforts” to make sure they are being good parents.

Other reasons for a heightened level of hovering is parents’ perception that they need to keep their kids safe in what feels like a threatening world. Families also are responding to increased competitiveness for college entry and jobs by doing all they can to position their children to achieve these goals. Of course, parents also want to show their love and concern. In some cases, high levels of protectiveness are appropriate: The child may attend a school where kids are carrying knives, or Dad is coming home drunk and the child needs to be protected. Such circumstances are the exception, though. More common pathology is that a parent is overanxious in general or even has an anxiety disorder.

While overprotectiveness may be understandable, it has significant developmental consequences. When parents dictate most of the children’s activities, this can preclude the children from discovering, pursuing, and “owning” their interests. Overall, it can lessen the children’s self-esteem because they have fewer opportunities to achieve things they consider to be all their own. Also, when a parent participates in the child’s activities, they, as adults, will likely be more competent than the child. That can make a child feel less competent, whereas a kid doing things with peers has a decent chance of being the best. Helicopter parents also typically are aiming to avoid all kinds of risk for their precious child. The protected child may be physically safe, but can become risk averse and miss the chance to learn how to appropriately assess real dangers. If parents “helicopter” because they are always afraid something bad is going to happen – like a pedophile is going to jump out of the bushes or the child is going to be abducted – they also transmit these fears to the child.

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References: 1. Data on file. A third party study conducted with funding by Playtex versus regularly used bottles. 2. Goldfield EC, Richardson MJ, Lee KG, Margetts S. Coordination of sucking, swallowing, and breathing and oxygen saturation during early infant breast-feeding and bottle-feeding. *Pediatr Res.* 2006;60:450-455. A third party study conducted with funding by Playtex versus regularly used bottles.
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home, eating too much, and not getting enough exercise.

But what can you do when you think problems may be developing from a helicopter parent? Parents may not perceive any problem at all. In this case, motivational interviewing can help. This technique can be used to move many different types of behavior and can fit into a primary care visit.

A motivational interview is a dialogue between the clinician and patient with specific steps. First, find out if the parent or child perceives any problem at all. You might say, "Wow, you certainly have your kid in all kinds of activities and are working hard to provide all these opportunities. Is your level of involvement a problem for you or your child in any way?" Watching the child's face when you ask this can be very revealing, and can also be used as a point of reflection for the interview.

You might also say: "Have you considered whether you really need to or want to do all of these things?" or "Have you considered backing off?" If the response is, "No, I've never thought about this before," the parent may ask you in return: "Do you think it's a problem?" Then you have the opportunity to go over the potential pros and cons I've already outlined.

You might ask: "What are the good things about being this involved with your child?" And when you ask this, push them to include not only the effects (he's learned to play the violin or is now state ranked in tennis) but the way they feel about it as well. Parents might say things that reveal their reasons such as: "It makes me feel that I'm a good parent because I've done all these things for her" or "I feel more comfortable when I'm at work because I know he is safe at his karate class."

Then you might ask them: "Is there any downside to being so involved in all of your child's activities?" You might get this response: "I'm beginning to resent it. I signed him up for all these activities, and now I don't have any free time any more."

The next step in motivational interviewing is to ask about their readiness for change in a gentle way. "Do you think you might consider backing off?" If they say yes, you can ask, "What would be one of the things you could back off on now?" Make sure it is specific and also includes a time frame: "When would you be able to make this change?" In one family I was helping, the child had been talking to his parents on the phone 20 times a day. For him, a goal-setting question was, "What would it take to cut that down to 15 times?" Don't set an unrealistic goal such as stopping altogether.

Some parents initially will not be amenable to changing their behavior. For example, if they say, "I don't know. I never thought about this before," you may need to be more circumspect. You might say, "Is there something else about this way of relating to your child that is making you want to continue?" Or use other parents as an example: "Some parents find when they back off the child becomes more relaxed, gets right on his homework by himself, and is happier."

Garnering support for a change in

behavior is an important component. You might ask: "Who could help you back off?" Finding other parents to have as friends who are not so intense, who don't feel the need to have a perfect child, or who are willing to let their kids be more autonomous may be key. Some websites and social networks developing to help parents back off from helicoptering promote "slow parenting," "free-range parenting," or "simplicity parenting."

One important goal of the motivational interview is to come away with a time-based action plan. For a parent who says: "I don't want to change anything"

or "This is the most important thing I'm doing for my kid," you can keep change on the agenda by saying something like: "OK, perhaps we can talk about it when you bring her back for her vaccine in 2 months" and then make a note in the chart so you remember.

Inability to follow an agreed-upon plan can reveal where the parents or child is getting stuck, so this can be subsequently addressed. On a follow-up contact ask how it went and praise them, especially if they exceeded the goal. Or the parent may say, "When I tried to do that, he had a panic attack" or "I got depressed. I felt

worthless, like I was not protecting my child." That will help you understand the barriers for these parents and help you arrange appropriate treatment.

Even though helicopter parenting sounds like something new, addressing it employs your same old clinical skills. ■

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