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Vigilant Care: An Integrative Reformulation Regarding Parental Monitoring

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Parental monitoring was once considered to be the approved way for preventing risk behaviors by children and adolescents. In the last years, however, the concept has been the target of cogent criticism questioning the interpretation of findings which support the traditional view of monitoring. After reviewing the various criticisms and the resulting fragmentation of theory and practice, we propose the model of vigilant care as an integrative solution. Vigilant care is a flexible framework within which parents adjust their level of involvement to the warning signals they detect. By justifying moves to higher levels of vigilance with safety considerations and expressing their duty to do so in a decided but noncontrolling manner, parents legitimize their increased involvement both to the child and to themselves. The model offers a unified solution to the ongoing controversy and generates theoretical hypotheses as well as a practice-oriented research program.

Keywords: parenting, vigilant care, parental monitoring, parental knowledge, parental control

The concept of parental monitoring enjoyed an uncontested place in the area of risk reduction for many years, seeming to unify research findings and allowing for evidence-based parental guidance. Parental monitoring has been described as "a set of correlated parenting behaviors involving attention to and tracking of the child's whereabouts, activities and adaptations" (Dishion & McMahon, 1998, p. 61). Although much confusion exists today surrounding the exact definition of the term (Keijsers & Laird, 2014; Racz & McMahon, 2011), researchers often construe the concept as involving both the parents' activities to safeguard the security of the child through their immediate presence and activities by which they solicit information and define rules regarding behaviors that take place beyond their immediate field of observation. In the literature, researchers sometimes prefer the term *supervision* to indicate the more direct kind of parental involvement, which manifests mainly with younger children. Thus, the parents of toddlers will leave them alone for only about 1% of the time, while leaving children between 7 and 10 on their own for about 35% of the time (Morrongiello, Corbett, McCourt, & Johnston, 2006; Morrongiello, Kane, & Zdzieborski, 2011).

Over the years, an abundance of research has accumulated, resulting in massive support linking monitoring to risk reduction. This bulk of evidence seemed to offer a clear and simple message to parents: Monitor your child. Studies linking increased parental monitoring with reduced danger cover virtually all fields of child and adolescent risk behaviors, for instance, substance abuse (Barnes, Hoffman, Welte, Farrell, & Dintcheff, 2006; Beck, Boyle, & Boekeloo, 2004; Clark, Kirisci, Mezzich, & Chung, 2008; Clark, Shamblen, Ringwalt, & Hanley, 2012; Ensminger, Juon, & Fothergill, 2002; Martins, Storr, Alexandre, & Chilcoat, 2008; Rai et al., 2003; Sullivan, Kung, & Farrell, 2004; Voisin, Tan, Tack, Wade, & DiClemente, 2012; Wood, Read, Mitchell, & Brand, 2004); negative peer group association (Bowman, Prelow, & Weaver, 2007; Dishion, Nelson, & Bullock, 2004; Rodgers-Farmer, 2001; Steinberg, Fletcher, & Darling, 1994; Tilton-Weaver, Burk, Kerr, & Stattin, 2013); violent and delinquent behavior (Chamberlain & Reid, 1998; Coley, Morris, & Hernandez, 2004; Cookston, 1999; Fischer, 1983; Gottfredson & Hirschi, 1994; Hoeve et al., 2009; Jacobson & Crockett, 2000; Jang & Smith, 1997; Kilgore, Snyder, & Lentz, 2000; Laird, Pettit, Bates, & Dodge, 2003; Miller, Esbensen, & Freng, 1999; Pettit, Laird, Dodge, Bates, & Criss, 2001; Richards et al., 2004; Wright & Cullen, 2001); gambling (Lee, Stuart, Ialongo, & Martins, 2014; Magoon & Ingersoll, 2006); early and unsafe sex, venereal diseases, and early pregnancy (Cohen, Farley, Taylor, Martin, & Schuster, 2002; Crosby, DiClemente, Wingood, Lang, & Harrington, 2003; DiClemente et al., 2001; Li, Feigelman, & Stanton, 2000; Rai et al., 2003; Santa Maria et al., 2014; Wilder & Watt, 2002); scholastic problems (Crouter, MacDermid, McHale, & Perry-Jenkins, 1990; Plunkett & Bámaca-Gómez, 2003; Toney, Kelley, & Lanclos, 2003); teen cigarette smoking (Dalton et al., 2006; Dick et al., 2007; Rai et al., 2003); computer misuse (Sorbring & Lundin, 2012; Steeves & Webster, 2007); and unsafe driving (Bingham & Shope, 2004; Hartos, Eitel, Haynie, & Simons-Morton, 2000; Hartos, Eitel, & Simons-Morton, 2002). Research has shown that monitoring prevents risk both with boys and girls (Crouter et al., 1990; Jacobson & Crockett, 2000; Kilgore et al., 2000; Webb, Bray, Getz, & Adams, 2002) and with families of various cultural, ethnic, and socioeconomic backgrounds (Li et al., 2000; Ramirez et al., 2004; Skinner et al., 2014).

The assumption underlying most of this research is that the relationship between parental monitoring and risk is inversely

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linear: the more monitoring the less risk. Considerable evidence, however, suggests that differences in the intensity, kind, and context of monitoring, as well as differences in family atmosphere, child characteristics, and age, can lead to very different results, subverting the assumption of linearity. Criticism of the hypothesized linear relationship between monitoring and risk reduction clusters around a variety of concepts: psychological and behavioral control, overparenting, personal domain and self-determination theories, and parental knowledge. Each of these has highlighted different problems of the monitoring concept. The cumulative effect has led to the claim that the construct has lost much of its coherence and applicability (Stattin, Kerr, & Tilton-Weaver, 2010). One may view the resulting situation, characterized by fragmented research and practice, as a paradigmatic crisis (Kuhn, 1970). We will argue that the model of "vigilant care" (Omer, 2015; Shimshoni et al., 2015) offers a coherent and flexible framework that may help to resolve this crisis.

Psychological and Behavioral Control

In the 1990s, scholars differentiated two kinds of parental control, psychological and behavioral (for an historical perspective on these concepts, see Soenens & Vansteenkiste, 2010). These scholars assumed that the two manifested different parental motivations and ways of interacting. Psychological control reflects parental intrusiveness and attempts to manipulate the child through induction of negative feelings, whereas behavioral control manifests in parents' clear definition and maintenance of rules and limits (Barber & Harmon, 2002). Traditionally, scholars have viewed parental monitoring as involving behavioral rather than psychological control, which was assumed to play a negative role in child development (Barber, 1996; Barber & Harmon, 2002; Barber & Xia, 2013; Pettit et al., 2001; Steinberg, 2005).

Scholars further divided psychological control into two subcategories: dependency-oriented and achievement-oriented. Dependency-oriented psychological control stemmed from high parental anxiety (e.g., regarding parent–child separation) and ostensibly caused a lower sense of autonomy and competence. Achievement-oriented psychological control stemmed from parents' narcissistic needs and expectations, leading to a sacrifice of the child's emotional needs out of excessive concern with high performance (Kins, Soenens, & Beyers, 2012; Soenens, Park, Vansteenkiste, & Mouratidis, 2012; Soenens, Vansteenkiste, & Luyten, 2010; Soenens, Vansteenkiste, & Sierens, 2009).

Psychological and behavioral control reputedly represented different dimensions in parenting style. High psychological control is illustrated by parents who do not allow their child a sense of space, autonomy and competence. Low behavioral control is illustrated by parents who fail to give their children a minimum of rules and limits. Accordingly, high psychological control was linked to the development of internalizing disorders, and low behavioral control (or lack of monitoring), to externalizing ones (Barber, Olsen & Shagle, 1994; Wang, Pomerantz & Chen, 2007).

Research only partially supports this relatively neat distinction. Studies showed that the child may experience high levels of monitoring or of behavioral control as indistinguishable from psychological control (Kakihara, Tilton-Weaver, Kerr, & Stattin, 2010; Rote & Smetana, 2015; Smetana, Villalobos, Tasopoulos-Chan, Gettman, & Campione-Barr, 2009). High levels of behavioral control have been systematically linked to negative consequences in child behavior and development (Barber & Xia, 2013; Stone et al., 2013; Wang et al., 2007). For instance, children with a predisposition to negative emotionality and emotional dysregulation tend to elicit high levels of behavioral control. However, precisely those children may be especially sensitive and display negative developmental effects to such high behavioral control (Morris, Cui, & Steinberg, 2013). Moreover, psychological control in moderate levels may cause similar positive effects to those of moderate behavioral control, such as preventing negative peer association (Soenens, Vansteenkiste, & Niemiec, 2009). These findings undermine the identification of behavioral control as the mechanism underlying the positive effects attributed to parental monitoring.

Overprotective Parenting and Overparenting

A special form of control that has received attention is overparenting. The term connotes excessive or developmentally inappropriate parental involvement in a child's life (Segrin, Woszidlo, Givertz, & Montgomery, 2013). Historically, the concept of overparenting reflects a transformation of the one-time popular concept of overprotective mothering. The two concepts differ, but may overlap considerably. This is made clear when we consider the bridging concept of overprotective parenting, which scholars coined when cultural changes brought about larger involvement of fathers in child rearing. The sequence—overprotective mothering, overprotective parenting, and overparenting—reveals a gradual shift in cultural norms: The first term denoted an abnormal mother-child relationship that scholars assumed stemmed from the mother's pathological needs and warped the child's development (Levy, 1943; Parker & Lipscombe, 1981; Thomasgard & Metz, 1993). The second term pointed to a widening of the phenomenon, as more and more fathers joined the ranks of the overprotective (Hastings et al., 2008; Overbeek, ten Have, Vollebergh, & de Graaf, 2007). The third term denotes a more recent and assumedly less pathological parenting style influenced by psychological or pop-psychological recommendations for close and continuous involvement between parent and child as a way of guaranteeing positive development. In spite of those differences, the impact of these various kinds of parental overengagement is similar. This is probably due to the fact that the parents these terms denote hover continuously over the child, remaining involved in virtually all of his or her doings, thus exercising inappropriate control. This "hovering" has given rise to the latest popular term describing the phenomenon: "helicopter parenting" (Padilla-Walker & Nelson, 2012; Willoughby, Hersh, Padilla-Walker, & Nelson, 2013).

Scholars characterized overprotective parents as possessing (a) high levels of anxiety regarding the child, (b) difficulty separating from the child, (c) little capacity to encourage autonomous functioning, and (d) a high need to monitor and control the child (Thomasgard & Metz, 1993). Research and clinical observations of the children of overprotective parents tended to show a lack of autonomy, a reduced sense of competence, a greater risk for anxiety disorders, and an external rather than internal locus of control (Gere, Villabø, Torgersen, & Kendall, 2012; Janssens, Oldehinkel, & Rosmalen, 2009; Levy, 1943; Spokas & Heimberg, 2009; Thomasgard & Metz, 1993, 1997; Ungar, 2009; Wood, 2006). Most of the literature on overprotective parenting has a

psychopathological tone, regarding both the causes and effects of the phenomenon. Thus, among the putative causes of the phenomenon are parental anxiety disorders, a narcissistic personality, a pathological relationship of the parents to their own parents, or a major threat to the child during pregnancy, infancy, or early childhood (De Ocampo, Macias, Saylor, & Katikaneni, 2003; Levy, 1943; Mullins et al., 2007; Munich & Munich, 2009; Parker & Lipscombe, 1981; Thomasgard, 1998; Thomasgard & Metz, 1997).

In contrast, scholars tend to describe overparenting, or helicopter parenting, as positively rather than pathologically motivated (Padilla-Walker & Nelson, 2012; Segrin, Woszidlo, Givertz, Bauer, & Taylor Murphy, 2012; Shoup, Gonyea, & Kuh, 2009; Wartman & Savage, 2008). In professional and especially popular literature this continual parental involvement has been praised if not idealized. Bernstein and Triger (2011) described three main characteristics of these parents: (a) They gather information from books and specialists about child development and children's needs so as to be sensitive to each and every developmental change; (b) they continuously assess the child's strengths and weaknesses, organize his or her free time, and intervene for the child's benefit in scholastic and social domains; and (c) they continuously monitor the child's doings and whereabouts. Overparenting is also a product of our age, in that electronics play a central role in allowing for more possibilities of parental involvement. The smartphone, for instance, besides allowing for continuous contact, also enables monitoring of the child's social life and whereabouts (Bernstein & Triger, 2011; Lemoyne & Buchanan, 2011; Shoup et al., 2009). Overparenting tends to continue beyond adolescence. Parents remain highly involved in the child's academic (Bernstein & Triger, 2011; Hunt, 2008; Lemoyne & Buchanan, 2011; Padilla-Walker & Nelson, 2012) or even military life (Israelashvili, 1992, 2006).

In spite of the differences in the descriptions of overparenting and overprotective parenting, we believe that many if not most parents who had once fallen into the overprotective category would now fit within the larger category of overparenting, thus shedding some of their pathological aura. The research on the effects of overparenting reinforces this view. Among the problematic consequences researchers have linked to overparenting are (a) lack of autonomy, reduced self-confidence, and reduced problem-solving skills (Fischer, Forthun, Pidcock, & Dowd, 2007; Segrin et al., 2012); (b) increased anxiety, decreased well-being, and excessive use of pain killers (Bayer, Sanson, & Hemphill, 2006; Bernstein & Triger, 2011; Lemoyne & Buchanan, 2011; Montgomery, 2010); and (c) increased parent–child conflict and reduced satisfaction with family relations (Segrin et al., 2012). Though possibly to a lesser degree, the above negative consequences are similar to those researchers have attributed to overprotective parenting. We interpret this as suggesting that all of these parents engage, among other activities, in excessive or inappropriate control and monitoring, so the child does not have enough space within which to develop a sense of autonomy and self-confidence.

Taken together, the literature on overprotective parenting and overparenting offers a critical perspective on the assumed linear connection between monitoring and risk. Although monitoring likely helps to prevent substance abuse, unsafe sex, problematic peer associations, delinquency, truancy and the like, excessive monitoring may also be linked to an increase in other developmental risks, such as an impaired sense of competence and autonomy, less developed problem-solving skills, and higher anxiety. We can conclude that the monitoring concept fails to address the need to avoid both under- and overparenting.

Social Domain and Self-Determination Theory

Studies inspired by social domain theory have shown that the child's negative experience of parental control is a function not only of the parenting style in itself, but also of the child's feelings that the domain in which the parents manifest involvement is of a personal and intimate nature (Nucci, 2001; Rote & Smetana, 2015; Smetana & Daddis, 2002). As the child grows, the domains so experienced become wider, leading to the feeling that parental involvement in those areas is invasive and controlling (Smetana & Daddis, 2002). Many adolescents take an uncompromising stance regarding parental involvement in what they view as personal areas, even when these involve risk activities. For instance, adolescents who are involved with bad company may view their choice of friends and social activities as out of bounds for parents or turn their own room and computer, no matter how they use these "spaces," into taboo territories to be defended by any means. On the other hand, when adolescents come to feel that the parents' intervention is justified by clear and specific concerns for their security, they tend to view that intervention as legitimate (Padilla-Walker, Nelson, & Knapp, 2014). The parents, too, feel the need for a convincing legitimization, without which they may lack the courage to intervene (Guttman & Gesser-Edelsburg, 2011). The injunction that parents should exercise monitoring in a decided way, without taking care to legitimize their involvement, may thus prove problematic, as it does little to address either the child's resistance or the parents' doubts.

Self-determination theory has provided a further qualification to the neat distinction between psychological and behavioral control, and the identification of parental monitoring with the latter (Deci & Ryan, 1985; Ryan & Deci, 2000; Soenens & Vansteenkiste, 2010). Parents can provide rules and limits noninvasively and supportively or in a controlling and coercive manner. The proponents of self-determination theory have referred to the first possibility as the provision of structure (Grolnick & Pomerantz, 2009). When parents provide rules and limits as structure rather than as controlling impositions, children's ability to accept them grows. The question is then not only *what* the parents do, but also *how* they do it. Thus, when parents exercise monitoring in a controlling spirit, such monitoring impinges on the child's need for self-determination, negatively affecting the child's development and the parent–child relationship. On the other hand, its effects are positive if parents exercise monitoring as a way of providing structure and in ways that are, as much as possible, free from controlling messages.

Evidence from parental training in nonviolent resistance (Omer, 2004), in which parents learn to manifest presence and resist aggressive and self-destructive behaviors in nonviolent and nonescalating ways, supports the position that parents can define structure without intimations of control, leading to greater acceptance and less conflict (Lavi-Levavi, Shachar, & Omer, 2013; Omer, 2011; Weinblatt & Omer, 2008). For example, parents open a path to cooperation when they present rules and limits, while taking care to tell the child that it is their duty to do so, and at the

same time communicate that they cannot dictate the child's feelings, thoughts or acts. In one study, when the researcher asked children why they cooperated, they often answered, "Because I wanted to!" or "Because it was right for me!" Omer (2015) interpreted this as indicating that the children cooperated out of a feeling of autonomy. Questions regarding positive monitoring should thus relate to not only the right degree but also the legitimization of parental involvement. Specifically, (a) how can parents legitimize their increased involvement in problem-fraught areas that the child views as pertaining to his or her personal domain? and (b) how can parents construct the interaction in such a way that the child's experience is one of structure rather than of control? An integrative reformulation of parental monitoring should be sensitive to these issues.

Parental Knowledge and the Role of Child Disclosure

In their seminal work, Stattin and Kerr (Kerr & Stattin, 2000; Stattin & Kerr, 2000) scrutinized the concept of parental monitoring, casting doubt on the assumed connection between tracking and surveillance and risk reduction. They argued that the usual questionnaires did not measure monitoring (as tracking and surveillance) but parental knowledge. Next, they broke down the sources of parental knowledge, as figured in the very questionnaires that purportedly measured parental monitoring, into three components: (a) child disclosure (stemming mainly from an atmosphere of openness and trust), (b) parental solicitation (as shown in focused questioning and tracking), and (c) parental control (as manifested by rules and sanctions). The components of solicitation and control refer to behaviors parents initiate, thus adhering to the original monitoring construct. Disclosure, however, refers to an activity that the child initiates and would therefore not fall under the classic view of monitoring.

To make matters worse for the monitoring model, child disclosure turned out to be the chief contributor to risk prevention, while parental solicitation or control played only a minor and sometimes detrimental role (Kerr & Stattin, 2000; Stattin & Kerr, 2000). These findings greatly affect our understanding of parental monitoring and risk prevention (Racz & McMahon, 2011). The focus on parental knowledge indicates that a dyadic view in which child and parent influence each other mutually should replace the unilateral model of parental monitoring (Kerr, Stattin, & Özdemir, 2012; Laird et al., 2003; Pardini, 2008). Once again, the linear model of parental monitoring is held to be unduly simplistic.

While the findings on parental control and overparenting challenged the monitoring paradigm, the methodological aspect of Stattin and Kerr's work turned that criticism into a real crisis. These authors elegantly demonstrated that the conclusions of the research on monitoring were, in fact, based upon an artifact: In measuring monitoring, one might be, in fact, measuring knowledge, knowledge that might not be the result of monitoring at all. While this shift has been well documented, we believe that some of its implications for the field of parental guidance have not been fully appreciated. Stattin and Kerr divided the once straightforward concept of parental monitoring into three components: child disclosure, parental solicitation, and parental control. The question then arose what the relationship was between these factors and to what extent each of them should receive credit for the robust effects of the sizable monitoring literature. This question was a call for dismantling research: Studies examining each component separately to isolate the respective effects. Gradually, researchers established a dichotomy between parental knowledge acquired through child disclosure on the one hand and unilateral monitoring behaviors (solicitation and control) on the other. Some studies tended to adopt an either-or stance regarding the desired kind of parental involvement (Kerr & Stattin, 2003; Kerr, Stattin, & Burk, 2010) or at least reflect an uncomfortable suspicion that child disclosure and unilateral monitoring did not go together (Fletcher, Steinberg, & Williams-Wheeler, 2004).

A preference for the disclosure component of parental knowledge, besides echoing the zeitgeist emphasizing the importance of child autonomy, has been upheld by various studies (Keijsers, Frijns, Branje, & Meeus, 2009; Kerr et al., 2010). Researchers have linked a number of variables to child disclosure and risk reduction, such as positive interactions between parents and child (Willoughby & Hamza, 2011; Vieno, Nation, Pastore, & Santinello, 2009), positive reactions to the child's previous disclosures (Hayes, Hudson, & Matthews, 2007; Tilton-Weaver et al., 2010), and the creation of an atmosphere of trust (Smetana, Metzger, Gettman, & Campione-Barr, 2006; Smetana & Metzger, 2008).

However, research has not supported the exclusive endorsement of disclosure and of a positive atmosphere, as opposed to solicitation and control. Some studies have cast doubt on the assumption that a positive atmosphere is invariably conducive to openness. Thus, adolescents spontaneously disclosed information only on a minority of subjects and only when they and their parents already agreed (Darling, Cumsille, Caldwell, & Dowdy, 2006). Adolescents concealed information for many reasons: to protect a friend, to avoid revealing experimentation with drugs or alcohol, to avoid revealing transgressions against parental norms, or even to simply feel independent (Marshall, Tilton-Weaver, & Bosdet, 2005; Smetana et al., 2006). Lying and secrecy are clear predictors of antisocial behavior (Frijns, Keijsers, Branje, & Meeus, 2010), and parents' ability to maintain a good level of parental knowledge in spite of lying is a predictor of lesser risk (Bourdeau, Miller, Duke, & Ames, 2011; Laird et al., 2003; Waizenhofer, Buchanan, & Jackson-Newsom, 2004). Thus, when lying is at least probable, parents should no longer depend solely on child disclosure. Moreover, parental solicitation and tracking may not only *not* discourage child disclosure but also, under certain conditions, encourage it, as the child adapts positively to parents' vigilance (Fletcher et al., 2004; Laird, Marrero, Melching, & Kuhn, 2013; Soenens, Vansteenkiste, Luyckx, & Goossens, 2006). Finally, disclosure may not even be associated with autonomy. A study on helicopter parenting (Padilla-Walker & Nelson, 2012) suggests that while the children of such parents may feel close to them and be more likely to confide in them and ask for their help, they are also more anxious, feel less competent in novel situations and are less engaged with their career planning or academic choices. Child disclosure is thus not necessarily a positive sign, and for some children it may even be an indication of lacking autonomy.

Studies have also supported the role of active monitoring steps over and beyond child disclosure with at risk populations. For example, in difficult neighborhoods (Lahey, Van Hulle, D'Onofrio, Rodgers, & Waldman, 2008), in families where the children spent a large part of their free time on their own (Coley et al., 2004; Laird, Marrero, & Sentse, 2010; Stattin & Kerr, 2000), or with children in other risk groups (Fosco, Stormshak, Dishion, & Winter, 2012; Hayes

et al., 2004; Keijsers et al., 2009; Pettit & Laird, 2002), researchers found the contribution of parental solicitation, tracking, and rule setting to be meaningful also when disclosure was controlled for.

Training effects support this contention: Helping parents to improve their active monitoring skills with children at risk led to reductions in risk behavior (Lochman & van den Steenhoven, 2002; Vitaro, Brendgen, & Tremblay, 2001). Highlighting the importance of helping parents to remain active, researchers found that parents often react to a child's problem behaviors by withdrawing from active monitoring attempts (Kerr, Stattin, & Pakalniskiene, 2008; Stattin et al., 2010). This is probably due to parental helplessness and inability to cope with the child's aggressive resistance. Assisting parents in maintaining unilateral vigilant behaviors in the face of adversity, especially in cases where signs of alarm are forthcoming, might then be a major challenge for parental intervention programs.

Crisis and Fragmentation

The literature thus supports various and sometimes contradictory parental behaviors in a variety of situations and with different populations. The question is whether one can integrate this heterogeneous picture into a coherent model. Without such a model, the research is in danger of confusion, with more and more studies that point in different directions in a way that is probably less and less helpful to parents and practitioners alike. This fragmentation poses a problem from not only a practical but also a scientific point of view, as science should aim at parsimony (Occam's razor). Ideally, after dismantling research has succeeded in undermining an oversimplification, researchers must take up the challenge of integration once again.

In *The Structure of Scientific Revolutions*,[1] Kuhn (1970) described the state of "normal science" as a situation in which a dominant paradigm reigns. When working within a paradigm, discrepancies between theoretical expectations and empirical findings are termed *anomalies*. According to Kuhn, a paradigm's explanatory powers are limited, so such anomalies are commonplace. Researchers usually deal with them in various ways within the confines of the paradigm (this is opposed to a classic Popperian view in which an anomaly would falsify a theory and render it obsolete). A paradigm can "carry the burden" of numerous anomalies, and only when an anomaly is extraordinarily strong or persistent would the paradigm be in danger. The model of parental monitoring has probably come close to what might be termed a paradigm in the social sciences. For many years, the central assumptions of the model dominated research and practice virtually without competition. The model has withstood its share of anomalies, managing to carry their burden for a considerable period of time. However, the work of Stattin and Kerr (2000), revealing a pervasive artifact in the very evidence that sustained the model, has identified an anomaly that probably cannot be accommodated within the extant framework. In fact, an anomaly that demonstrates major flaws in the methodological basis of an approach may be the single worst fate for a scientific theory (Kuhn, 1970, p. 83).

Over the past 15 years, the very use of the term *monitoring* has come to require additional clarifications. Researchers have offered new interpretations of the term, or altogether new terms, in attempts to resolve the conflict. One interesting example is the hybrid "monitoring knowledge" (Hayes et al., 2004). This term has been justifiably criticized as increasing confusion (Racz & McMahon, 2011; Stattin et al., 2010). What seems clear, however, is that the term *monitoring* can no longer do the job (Stattin et al., 2010).

Of course, some studies continue to use parental monitoring in its traditional sense, measuring the construct with the old, methodologically flawed, questionnaire (e.g., Santa Maria et al., 2014). Kuhn offered an explanation for this "naive" research, demonstrating that until a successor is found, the old paradigm will not be abandoned (Kuhn, 1970, pp. 77–8). At least for the moment, this unsteady state may well characterize the field. From the perspective of pragmatic philosophy, the meaning of a concept refers to what it enables us to do (Zittoun, Gillespie, & Cornish, 2009). Currently we find ourselves quite limited in this respect. As long as the parental monitoring model reigned, research seemed easily translatable into practical guidelines. Parents needed to develop and maintain high levels of monitoring. With the model's weakening and the growing heterogeneity of research, practical injunctions have become fragmented, if not contradictory (Kerr et al., 2010). Trust is vital, but so are unilateral checking and tracking. Parental involvement is crucial, but so are personal domains and self-determination. Solicitation abets disclosure, but also hinders it. How do parents know what to do? This precarious situation calls for integration.

On the basis of the extant evidence, a number of researchers have argued that knowledge based on disclosure does not replace the active steps traditionally subsumed under parental monitoring, but that both factors exist side-by-side and may have a synergistic effect (Fletcher et al., 2004; Willoughby & Hamza, 2011; Hayes et al., 2004; Keijsers & Laird, 2014; Lippold, Greenberg, & Collins, 2013, 2014; Soenens et al., 2006; Vieno et al., 2009). These authors have intimated that viewing child disclosure and active monitoring steps as distinct or as mutually competitive was a mistake. Fostering open dialogue, while having recourse to tracking and structuring, can and should constitute a continuous parenting process. This strategy holds if parents are unilaterally involved to an acceptable degree, if they take care to confer legitimacy to their moves, and if their rule-setting conveys structure rather than control. Indeed, research has increasingly demonstrated that favoring one parental strategy to the detriment of the other may be irresponsible, as each is backed by a substantial amount of evidence. Additionally, the degree, context, and manner in which parents implement the strategy can be crucial to a successful outcome. An integrative model should offer us applicable and empirically supported ways of combining these elements.

Over the past few years, we have witnessed some initial attempts at integration. For instance, using the person-oriented approach, Lippold et al. (2013, 2014) examined combinations of different behaviors as they appear in parent–child dyads. Instead of focusing on various parental behaviors separately, these authors

[1] The use of Kuhn's concept (Kuhn, 1970) is widespread in the social sciences, specifically in psychology. While the appeal of Kuhn's ideas to psychologists is clearly understandable, their application has also been cogently criticized (Driver-Linn, 2003). In awareness of such criticism, we view Kuhn's schema only as a helpful illustration of the turmoil in the present field.

looked at how parents combine different behaviors, how these combinations relate to outcome, and how the combinations change as the child grows. For instance, they replicated the known finding that parents' unilateral monitoring behaviors decline over time, but they also showed that when the parents of younger children are high both in open communication and supervision, the decline of unilateral monitoring in later years is much less pronounced and risk remains lower (Lippold et al., 2014). Although the authors did not offer a general integrative model, they presented their research as an attempt to cope with the field's state of fragmentation.

An integrative model should describe the continuum of attention and action, whereby parents foster an atmosphere of openness, detect warning signs, focus their attention when such signs appear, and intervene actively when the child participates in damaging activities. The model should spell out how and when an open and positive interest in the child could pave the way for effective solicitation of information and structure, and vice versa. The goal is to offer an answer to the dilemmas raised by criticism of parental monitoring, to incorporate the richness and variety of the findings on parental involvement and risk reduction, and to offer a comprehensive and evidence-based program of action that parents can understand, accept, and implement.

The Vigilant Care Model

The term *monitoring*, with its mechanistic associations, implies an attitude that contrasts with the kind of atmosphere that many parents and professionals would like to foster. In a way, the term is anachronistic. It connotes inspection and control, thus raising associations of an authoritarian rather than an authoritative parenting style (Baumrind, 1971, 2013). The critical evidence we have reviewed supports this view, showing that parents often solicit information and impose rules in domineering ways that may lead to increased hostility and distancing. To our minds, this and the other criticisms we reviewed cannot be accommodated by a redefinition or reoperationalization of the term parental monitoring or by its replacement with parental knowledge. We require a new concept.

Vigilant care is a flexible attitude in which parents shift between levels of open attention, focused attention, and protective steps according to the alarm signals they detect. At the level of open attention, parents manifest a nonintrusive, caring interest in the child, while trying to establishing an open interchange both with the child and with people in the child's environment (e.g., teachers, friends, or other parents). The parents are not merely reactive, but also initiate contact and communications. Thus they state their expectations and rules regarding risk factors clearly (e.g., smoking, safe sex, problematic computer use, safe driving, etc.) and attempt to establish a dialogue on these themes. Initiating and conducting such conversations are among the central skills of vigilant care (Omer, 2015). So long as there are no particular warning signs, the parents stay at this level. By setting open attention as the default level of parental involvement, parents create conditions that may best favor disclosure and open dialogue (Tilton-Weaver, 2014; Tilton-Weaver et al., 2010). If, however, such signs become evident (e.g., the child lies, steals, uses the computer in negative ways, develops problematic friendships), the parents expand their involvement by acts of focused attention. At this level, they start tracking and asking the child about the details of his or her activities. They also reassert rules that even if clearly stipulated in the past, have been left in abeyance. Parents can learn to make this transition and to justify the change in their attitude, if they understand it is vital to do so and are prepared to cope with the possibly ensuing conflict. Our training program includes injunctions and exercises how to do so (Omer, 2015). Studies have shown that parents become able to perform these transitions well, managing the possible ensuing confrontation with relatively low levels of escalation (Lavi-Levavi et al., 2013; Shimshoni et al., 2015). If the alarm signs recede, the parents return to the level of open attention. If, however, the child still engages in problematic activities, they advance to active protection, adding active steps to reduce the danger. This graded approach allows the parents to pursue a series of connected aims: (a) by staying generally at the lowest level of vigilance (i.e., open attention), they foster an atmosphere of trust and autonomy, thus increasing the chances for child disclosure; (b) by learning to cultivate vigilant attention, they increase the chances that they will notice alarm signals, both in the child's behavior and in his or her surroundings; (c) by their readiness to move to focused attention and protective steps in case of need, they show that they remain present and do not abdicate their parental role, even when the child tries to create distance and concealment; (d) by regulating their trust according to the alarm signals they detect, they allow the child to feel that the levels of trust and independence he or she is allowed is a function of his or her behavior; (e) by linking the introduction of unilateral steps (i.e., focused attention and protective steps) to obvious signs of danger, they increase the legitimacy of those moves; and (f) by moving to higher levels only when conditions clearly require it, they guard themselves from acting invasively and overparenting.

The parents' activity at each level serves as a platform that facilitates transition to other levels: open attention potentiates focused attention and protective steps, while a respectful exercise of focused attention and protective steps potentiates a safe return to open attention. The three elements that constitute parental knowledge (disclosure, solicitation, and structure), rather than being potentially detrimental to each other (Kerr et al., 2010), are thus made continuous and synergistic (Soenens et al., 2006). In addition, open attention involves a much broader stream of relevant information than that provided by child disclosure alone. At this level the parents keep an ear to the ground, observing what happens to their child and paying attention to potential risk indicators. In other words, open attention is *vigilant*. Actually, the parents do not leave the level of open attention when they move to upper levels, but maintain both levels concomitantly. In this way they maintain an authoritative rather than authoritarian stance. By keeping their caring interest also at the higher levels of vigilant care, they illustrate the conjunction between high warmth and confrontive authority that characterizes authoritative parenting (Baumrind, 1971, 2013). The model predicts that if parents make appropriate transitions between levels, they create conditions for a mutual potentiation between one-sided parental moves and productive dialogue (Lippold et al., 2013, 2014).

Parents of very young children spontaneously evince the continuous adjustments of vigilant care. For instance, a mother with a baby stays mainly at the level of open attention when the baby is calm or asleep, moves to focused attention if the child shows signs of distress, and shifts to active protection if the distress persists. Similarly, a father who takes his child to the playground remains

openly attentive when the child plays in the sandbox, moves to focused attention if a dog comes near, and takes protective action if the child cries or the dog growls. These examples show that shifting between different levels is, in fact, natural to parents. Similar adjustments are called for with older children, taking into consideration the child's growing need for autonomy and the fact that an older child may resist parental intervention. Through these adjustments, the parents allow the child a safe space for experimentation. By being "left alone under the parents' eyes," the child can safely practice new skills and develop a sense of autonomy. Thus, a baby who is left by him or herself, with the mother close by, begins to learn how to soothe him or herself, and a young child, who is allowed space to cope with routine challenges, develops the ability to do so independently.

Parents learn to check themselves for overparenting by asking themselves whether or not they are moving to higher levels unjustifiably. The injunction to stay at the lowest level, unless clear warning signs appear, helps them to counter the tendency to overparent. This kind of inner dialogue is encouraged so that parents who tend to overparent may change their attitude into the preferred one of graded vigilant care. Indeed, when these parents are offered a clear way to exercise vigilant care (e.g., are trained to recognize alarm signals and helped to react with appropriate involvement), they feel more secure that they are not neglecting the child when they reduce their vigilance level (Shimshoni et al., 2015). The availability of positive alternatives for exercising vigilant care allows for a fruitful discussion with such parents about the significance of various alarm signals: they thus become better able to calibrate their worrying responses and their tendency to become overinvolved.

The same is true about parents who spy on their children behind their backs. Offering those parents clear alternatives for exercising vigilant care reduces their anxiety, helping them to overcome the urge to spy. Although under a more traditional interpretation of monitoring, one might view spying as a legitimate parental activity, from the perspective of vigilant care, this activity is highly problematic, as it introduces an element of falsity into the parent–child relation, deprives the child of the experience of parental presence (spying is by definition a hidden activity), increases the risk of escalation, and, in many cases, paralyzes the parents, who fear that acting on the basis of information so gained will reveal to the child that they spied. We want to stress, however, that spying refers to parental activities that are kept intentionally hidden from the child. The parents' vigilance, as manifested by their reacting to alarm signs (e.g., the child locks the door of his or her room when at the computer or when friends come in, there is smoke or smell of cannabis in the child's room, the child comes home with unexplained possessions), should not be seen as spying. Also, when the parents decide to ask a friend of the child or a teacher about his or her whereabouts, this is not spying, so long as the parents are willing to say what they are doing. This is an important skill in vigilant care and a central part of our training (Omer, 2015).

The decision on what constitutes an alarm sign that justifies moving to a higher level is not automatic but is usually the result of an evaluative dialogue between the parents or between a parent and the counselor or therapist. However, there are no universal rules: parents have to calibrate their judgments according to their own norms, the child's previous behavior, and the risks the child is exposed to. For example, if the family lives in a problematic neighborhood, stricter vigilance is required. Gradually, parents become better able to make those judgments by themselves and also to know when in the past they have acted out of either anxious worry or excessive nonchalance. Gaining experience with applying these considerations makes the parents' responses not only more balanced (regarding both over- and underparenting) but also helps the parents to feel surer of their decisions. If, however, the parents are aware that the warning signs are worrisome and in spite of this are unwilling to raise their level of vigilant care, in terms of the model they are acting permissively. The training program is designed to help parents overcome this tendency.

In the model of vigilant care, the active risk-reducing ingredient is not assumed to be control (either behavioral or psychological), but *parental presence* (Omer, 2004, 2015). In the traditional monitoring model, scholars viewed prevention of risk as a function of the parents' ability to achieve control over the child's behavior. The assumption in vigilant care differs completely: Parents cannot control the child's behavior (even less so the child's feelings or thoughts). In other eras or societies, parents were perhaps more able to dictate the child's actions because their ability to ensure compliance was almost unlimited. Even then however, parents were only able to enforce the desired behavior as long as the child was under their observation. Once the child was away, their control began to dissipate. Control, in the sense of parental ability to determine the child's actions, thoughts and feelings, is thus illusory. Even when parents can compel the child to obey, they do not achieve full control. Thus, many children will exhibit compliance when observed or threatened, only to make sure they do the exact opposite when they are out of sight.

What parents can do, however, is give the child a sense of accompaniment, by staying close or being present to the child's mind. Presence is more direct and immediate when the child is small, becoming more indirect and virtual as the child matures. By being present to the child, first physically and in later years more and more mentally, parents help the child to internalize their care; vigilant care can thus be gradually transformed into self-care. Control, in contrast, if it were at all possible, would not be internalized so easily (Bugental & Grusec, 2006; Grolnick, 2002). Adolescents who are forced to do something do not usually internalize the controlling agency. On the contrary, they often do all they can to evade it, so as best to assert their independence (Kochanska & Aksan, 2006; Soenens & Vansteenkiste, 2010). The idea that risk prevention is mediated by the parents' presence in the mind of the child can be traced back to the sixties' (Hirschi, 1969). It was this presence that was assumed to lead to internalization.

Understanding that the active mechanism in vigilant care is not control but presence has highly practical implications. Parents who understand that they cannot control the child, but, at best, only themselves, learn to reduce messages that imply control and obedience. Studies have shown that this shift in parental attitude paves the way for cooperation (Lavi-Levavi et al., 2013; Shimshoni et al., 2015). In effect, control is not just a putative mechanism of monitoring (Gray & Steinberg, 1999), but a problematic parental goal and form of communication (Soenens & Vansteenkiste, 2010). Helping parents to relinquish the goal of control and its concomitant controlling messages in favor of messages of parental presence and commitment to the child's safety reduces escalation and increases the chances for cooperation. Indeed, adolescents

have been shown to better accept parental limits and demands when clearly linked to areas or messages indicating parental prudence (Padilla-Walker et al., 2014). The understanding that prevention of risk is often mediated by the parent's presence in the child's mind clarifies the probable effectiveness of some parental steps that would be meaningless under the assumption that control was the mediating factor. Thus, when the parent of an adolescent drops her off at the house where she will be staying overnight, the very fact that the parent knows where the house is located and accompanied the girl to the door of the house, creates a degree of presence in the child's mind that would be absent if the girl had arrived on her own or had been driven by others. This mental parental presence may then help inhibit participation in forbidden activities. Various programs of vigilant care have used the establishment of a virtual parental presence in the child's mind, for instance, to diminish aggressive driving (Shimshoni et al., 2015), or decrease the vulnerability of delinquent adolescents to peer pressure (Omer, 2015). Interestingly, in these examples, the parents' actual knowledge does not play the main role in increasing the child's ability to withstand temptation, but rather that the parents act so that the child may keep them in mind.

At the level of open attention, the model specifies positive ways to initiate meaningful conversations with the child around areas of potential worry, to develop respectful and nonintrusive contacts with the child's friends, their parents, and school staff, and to positively involve significant others (Omer, 2015). Through these contacts, vigilant care comes to represent a network of caring people rather than a parent's arbitrary position. Such practices have proven to increase parental knowledge (Waizenhofer et al., 2004). Parents learn to say "we" rather than "I" when conveying their vigilant involvement. The first person plural refers not only to the parents but also to other people in the child's network of care (e.g., grandparents and other members of the extended family, teachers, or family friends). Parenting interventions and styles do not occur in a vacuum, but are deeply influenced by their interpersonal context, as manifested by the other parent, the extended family, the community and the culture in which they are embedded (Morris et al., 2013). When adolescents understand that the parents' passage to higher levels of vigilant care is supported by the surrounding context and abetted by a network of care, they tend to experience parental involvement as more legitimate and less invasive (Padilla-Walker et al., 2014). A study on vigilant care for adolescent driving corroborated this assumption: Building a network of support and legitimization of parental involvement led to much higher acceptance by adolescents than the parents had previously thought possible (Shimshoni et al., 2015). Programs of vigilant care have been variously adapted to deal with lying, bad company, violence, truancy, cigarettes, alcohol and drugs, unsafe sex, computer misuse, school refusal, juvenile diabetes, theft, and dangerous driving (Omer, 2015). In all of these fields, the programs defined parental steps for each of the three levels of vigilant care and specified rules about alarm signs that were then negotiated with the parents (i.e., how and when the parents should shift between levels). These programs drew from previous experience on how to help parents cope with violent and self-destructive behaviors through nonviolent resistance, which involves a combination of decided parental presence, prevention of escalation, and minimization of control messages (Lavi-Levavi et al., 2013; Newman, Fagan, & Webb, 2014; Ollefs, Schlippe, Omer, & Kriz, 2009; Omer, 2004; Weinblatt & Omer, 2008).

Parental vigilant care is a component of what Baumrind (1971, 2013) characterized as the authoritative parenting style. Authoritative parenting comprises other domains, besides risk prevention, such as discipline practices, reasoning induction, parental ideals regarding autonomy and obedience, confrontive authority, and attitudes toward negotiation (Baumrind, 2013; Robinson, Mandleco, Olsen & Hart, 1995). Some authors (e.g., Barber & Xia, 2013) have differentiated between typology oriented (e.g., Baumrind's approach) and dimension related research regarding authoritative parenting. The two are different but compatible, and actually are complementary. The concept of authoritative parenting can receive detailed clarifications in each dimension or variable which are difficult to provide in the more general typological approach. Such a "dismantling approach" makes it easier to understand the huge literature on authoritative parenting (see Morris et al., 2013 for a review and guide to some of those dimensions). Vigilant care is thus a dimension or particular embodiment of authoritative parenting, illustrating its application to the field of risk prevention. By its dynamic flexibility and its double emphasis on openness and authority, vigilant care may help children negotiate the fundamental duality of developing individual autonomy while maintaining their safety. This is one of the major goals of authoritative parenting (Barber & Xia, 2013; Criss & Larzelere, 2013).

Conclusion

For years the parental monitoring model enjoyed a special status in the area of risk prevention. However, the concept has gradually lost its appeal, coherence, and empirical backing. Research and the applicability to parenting suffered more and more from fragmentation. The field seemed ripe for a new model that might address the different lines of criticism and offer a basis for coherent and evidence-based practice. Vigilant care is a flexible framework in which parents adjust their level of involvement to the warning signals they detect. The different levels—open attention, focused attention, and active protection—cover a range of parental acts that may bridge the gap between a sensitive-attentive attitude and an authoritative stance to risk behaviors. The model views these two attitudes as poles in a continuum of parental involvement. The basic or default level of vigilant care is open attention. This parental stance is most conducive to child disclosure and to the development of autonomy. The difficult and, at times, stressful move to higher levels of parental involvement occurs in response to the detection of warning signs. The model attributes high importance to the legitimization of parental moves to higher levels, so as to minimize the potential for conflict and escalation. The idea is that when parents learn to justify these moves in a positive way, the child will experience their involvement as less arbitrary and invasive, and their rules and limits will convey structure rather than control (Omer, Steinmetz, Carthy, & von Schlippe, 2013). Even at the highest level of involvement, control (viewed as the ability to determine the child's behaviors) is illusory, and the active ingredient of vigilant care is assumed to be parental presence. This accompanying presence, actual or virtual, theoretically facilitates internalization so that parental vigilant care is transformed into self-care. The fact that the default level is open attention and that parents should justify to themselves and the child

their shifts to higher levels of involvement should reduce the tendency to overparent. Potentially, the model shows heuristic value through (a) its ability to generate new hypotheses and research questions and (b) its ability to be readily translated into specific programs for different risk conditions (Omer, 2015).

There are a number of hypotheses and research questions raised by the model worthy of mention: Relative to strict parental monitoring, parental vigilant care will (a) prove acceptable to adolescents and not be experienced as overintrusive or overcontrolling (Shimshoni et al., 2015), (b) lead to higher levels of internalization, (c) result in lower levels of conflict and escalation, and (d) achieve higher legitimacy of the interventions as perceived by parent and child alike. In addition, we predict that training in vigilant care will (a) render parents less helpless and impulsive and (b) enable parents to gain flexibility, as shown by the ability to perform transitions between levels. And finally, we predict that vigilant care will lead to optimal levels of risk-prevention.

The model has been translated into concrete intervention manuals. Such manuals (in Hebrew or German) are already available for (a) parents of delinquent youth (12 sessions, group format), (b) parents of children at risk for developing eating disorders (two sessions, group format), (c) parents concerned about potential alcohol or drug use (two sessions, group format), (d) parents concerned about computer abuse (two sessions, group format), (e) parents of diabetic adolescents (12 sessions, individual format), (f) parents of novice drivers (one session, individual format), (g) parents of children with school refusal (12 sessions, individual format), and (h) parents of children and adolescents who threaten suicide (12 sessions, individual format). All of these manuals have been examined for their acceptability and readiness of implementation, as well as for parents' subjective appraisal of effectiveness. Controlled studies that include less subjective measures are now in process.

Experience shows that parents view the model as understandable, acceptable, and applicable. The idea of vigilant care makes intuitive sense, and parents recognize it as reasonable and clear. Some of the model's contentions have received at least initial backing. Very low drop-out rates have demonstrated its high acceptability (e.g., Weinblatt & Omer, 2008), reductions in conflict and escalation have been documented (Lavi-Levavi et al., 2013), and objective risk reduction has been demonstrated in some areas (Shimshoni et al., 2015). In addition, interviews with a sample of young drivers indicated that the parents' vigilant steps were not experienced as invasive: on the contrary, they reported a positive experience of parental presence that mitigated their anxiety. However, controlled studies showing the model's effectiveness are still scarce. This situation is now being remedied, as a series of studies are being conducted, based on the specific treatment manuals that have been developed. We hope that the model will help overcome the crisis of fragmentation in theory, research and practice that presently seem to plague the field.

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