UNIVERSITY & MARYLAND SCHOOL OF MEDICINE

An Approach to Discipline

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> Howard Dubowitz, MD, MS, FAAP Professor of Pediatrics

Conflicts of Interest

None

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Objectives

Participants will:

- Know more about alternative disciplinary strategies
- $\ensuremath{\,^\circ}$ Learn how to share ideas about discipline with their patients' families
- Learn how to incorporate advice about discipline into a busy practice

Background

- Corporal punishment (CP) \rightarrow harm
- Harsh verbal punishment \rightarrow harm
- Based on science: CP ~ child maltreatment (CM)
- AAP no spanking <2, no use of implement, encourage alternatives
- Children's rights UN Convention on the Rights of the Child
- 'Spanking' or 'hitting'?
- Our goal: help parents with disciplinary approaches to optimize children's social and emotional development

Definitions

- Discipline (Latin *disciplina* instruction, teaching, training, education) • Training to develop self-control, character, orderliness and efficiency
- Punishment
 - Imposing one's will on another through harshness with the goal of obedience being foremost

• Spanking

Striking the buttocks to cause physical pain, generally with open hand
 If with an implement: paddling, belting, caning, whipping

Methods of CP - Increasing Severity

- Open hand on buttocks, hand, leg
- Open hand on face, head
- Hitting with closed fist
- Hitting with implement
- Enforced standing, starvation, cold bathing

Prevention

- Timing: by 6 mos. of age
 - By 8 mos., 8% of parents report hitting (Zolotar et al. Front Psychiatry 2011)
- Help build healthy parent-child relationships

Help Build Healthy Parent – Child Relationships

- The heart of our work, the foundation for discipline
- Consider parent's abilities, needs, interests
- Parents need to understand child's behavior
- Recognize and respond to child's cues/needs. Being present
- Encourage open, clear communication
- Time in
- Respect child's right to express emotions, appropriately
 Hurting someone or oneself or damaging property not OK

Prevention

- Timing: by 6 mos. of age
- By 8 mos., 8% of parents report hitting (Zolotar et al. Front Psychiatry 2011)
- Help build healthy parent-child relationships
- Identify and address risky situations

Prevention

- Structured screening
 - e.g., the Safe Environment for Every Kid (SEEK) model (<u>www.SEEKwellbeing.org</u>)

Do you often feel your child is difficult to take care of?

- Do you sometimes find you need to slap or hit your child? Do you wish you had more help with your child?
- Identify and help address risk factors for CP and physical abuse
 Major stress, poor coping, substance abuse, intimate partner violence (IPV)

Brief Intervention

SEEK Algorithm

Prevention

- Timing: by 6 mos. of age
 - By 8 mos., 8% of parents report hitting (Zolotar et al. Front Psychiatry 2011)
- Help build healthy parent-child relationships
- Identify and address risky situations
- Anticipatory guidance

Assessment - Understanding Parents

- Parent may believe CP is necessary, even good
- Why?
 - How they were raised Limited understanding of child development, behavior
 - Don't know alternatives
 - Stress struggling to cope, little support, substance use, IPV
 - Low IQ
 - Religious belief
- Understand and address the basis for parent's stance

Getting a Foot in the Door

- "I was hit and I turned out OK!"
 Yes, but we've learned better ways to teach kids.
 True, but you may have been even more wonderful.
- "He knows not to wet the bed. Seems he want to annoy me!"
 Can we talk about that?
- "Nothing works! I don't know what to do!"
 I hear you. Let's see what can work.

Parents' Stance Toward CP – on a Spectrum		
Strongly Against	Ambivalent	Strongly For
Readiness to Change		

Motivational Interviewing

- Identify where parent is in 'readiness to change'
- Pre-contemplation, contemplation, preparation, action, maintenance
- Motivate
- Elicit their ideas of what to try
- Jointly develop a plan attainable goals
- Follow up, affirm any progress
- Bolster commitment to change

Child Factors Contributing to Difficult Behavior

- Difficult temperament
- ADHD
- Intellectual/learning disability
- Hearing problem
- Language disorder
- Sleep deprivationMood disorder
- Autism Spectrum Disorder
- Traumatic experiences

Assessment - Talking with Children, Youth

- How do you get along with people at home?
- What kind of things do you do with them?
- What do you do if you're feeling bad?
- All kids sometimes behave badly.
 What happens when you behave badly?
 - What would you like to see happen?
 - What do you think you could do differently?
 - May we talk together with your mom/dad about this?

A Light Touch

- No preaching, admonishing
- Time out for parent ("give yourself a break!")
- Convey concern about hitting
 - · Child learns the way to deal with angry feelings is to hit
 - Doesn't work well
 - There are better ways to teach
- Expand parent's 'tool box'

Assess

- What kind of things make it necessary to spank ____?
- Why do you think ____ does that?
- What works? For how long?
- If hitting: how does it make you feel?
- What else have you tried?
- What else could you try?

General Points

- Health professionals and parents as role models
- Educate parent about normal development and behavior; acknowledge it can be challenging. Reasonable expectations
- Kids do need rules/limits, and flexibility
- Use least intrusive approach that works (e.g., give child choices)
- Nothing works overnight!

More General Points

- Prioritize what to work on
 Dangerous, detructive behaviors
- Planned ignoring
- Extinction temper tantrums
- Perfect the art of distraction
- Family meetings older kids
 - Respectful way to discuss issues positive and negative

Positive Discipline

Bad behavior – an opportunity to teach or process with child

- Why child behaved that way?
- What was he feeling?
- Disapprove the behavior, not the child.
- What does she think he could do better?
- Suggest alternatives.

Consequences

- Limits/rules agreed to in advance (e.g., withdrawal of privilege, grounding)
 Proportionate to the problem, developmentally appropriate
- Apply consistently, promptly

Positive Reinforcement

- Regular implicit positive reinforcement
- Praise "catch her being good" and neutral behavior
- Reward promptly
- Reinforce intermittently
- Gradually taper the reward

Time's Up for Time Out?

- Used excessively
- Used improperly
- People continue to interact
- Child appears to enjoy it
- Child too strong to restrain
- Location frightens/reinforces
- Can shame child
- Often doesn't work

Time Out

- Goal: to help child calm down, or a consequence for bad behavior
- 2 7 years of age
- For up to 2-3 problems at a time
- Only 1 warning
- Place in uninteresting place
- 1 minute/year; use timer
- If child leaves, return to place, restrain, playpen
- Once calm, discuss behavior, alternatives

"Beat the Clock" - For Habitual Dawdling

- Set timer for reasonable period
- No reminders
- If task done by bell \rightarrow reward
- If not → no reward

Family Meetings

- Make it formal.
- Make it regular.
- Make sure each person is heard, no judgment or interruption.
- Discuss family activities, problems.
- Express appreciation for each other.
- Use problem solving strategy if necessary.
- Write down conclusions.
- Make it fun!

When to Refer?

- Discipline often can be addressed by PCP
- If a persistent and/or severe problems
- If other problems, such as parental substance abuse
- Know your community resources • Behavioral health specialist

A Challenge - Sam

Ms. Adams brings in 4 year old Sam for a check up. She describes "occasionally popping him." Yesterday, "He got a whipping. Broke my vase."

Getting a Foot in the Door

- Does hitting _____ work? For how long?
- Acknowledge CP \rightarrow immediate compliance for a specific behavior • How do you feel after hitting _____?
- Can we discuss other ways to discipline ____?
 - We've learned a lot about what's good for kids.
 - I think you want____to behave out of a sense of what's right, not because he's scared of you.

When to Report to CPS?

- 24-hour rule a bruise lasting this long
- Any physical injury
- Hitting the face, head
- Other concerns for abuse or neglect
- Severe repeated beatings with implement and parent resistant to alternatives

Corporal Punishment in the Workplace

- Have a policy of 'no hitting'; post signs
- Approach
 - Empathize
 - Convey that hitting is not allowed here
 - Convey wish to help

Corporal Punishment in Public

- Awkward, fear of intervening
- What's the worst thing that's likely to happen?

Suggested approach

- Empathize
- Convey wish to help, especially as a health professional
- Suggest getting help from child's doctor or nurse

Advocacy

• Parents

• Colleagues, students, residents, institution

Community

• Local, state, national

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Thank You!

Howard Dubowitz, MD, MS, FAAP

hdubowitz@som.umaryland.edu 410.706.6144

Resources for Parents

- <u>http://www.nationalparenthelpline.org/</u>
- http://www.ahaparenting.com/parenting-tools/positive-discipline/strict-parenting
 Fay J & Fay C. 2015. Love and Logic Magic for Early Childhood: Practical Parenting from Birth to Six Years.
- Cline F & Fay J. 2006. Parenting Teens With Love And Logic: Preparing Adolescents for Responsible Adulthood.
- Crary. 1993. Without Spanking and Spoiling: A Positive Approach to Toddler and Preschool Guidance.
- Mazlish E & Faber A. 2012. How to Talk So Kids Will Listen, and Listen So Kids Will Talk.
- Faber A & Mazlish E. 1987. How to Be the Parent You Wanted to Be.
- Nelsen J. 2006. Positive Discipline: The Classic Guide to Helping Children Develop Self-Discipline, Responsibility, Cooperation, and Problem-Solving Skills.

The Science of Punishment

Drug trial criteria:

- Phase I: is it **safe**?
- Phase II: is it effective?
- Phase III: is it **more effective** than readily available alternatives?

John Stirling, MD