

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 • 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) → harm • Harsh verbal punishment → 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
- $\bullet \ \text{e.g., the Safe Environment for Every Kid (SEEK) model} \\ (\underline{www.SEEKwellbeing.org})$

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



<u>R</u>eflect <u>E</u>mpathize <u>A</u>ssess <u>P</u>lan



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
- \bullet 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.
 - $\bullet\,$ 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?
- \bullet "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		
Reduiress 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 deprivation Mood 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?	
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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!	
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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	
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Positive Discipline • Bad behavior – an opportunity to teach or process with child • Why child behaved that way? • What was he feeling? \bullet 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 restrainLocation frightens/reinforces

Can shame childOften doesn't work

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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	
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"D () O ()" E () () D ()"	
"Beat the Clock" - For Habitual Dawdling	
• Set timer for reasonable period	
• No reminders	
• If task done by bell → reward	
Tit task dolle by bell 7 feward	
 If not → no reward 	
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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? \bullet 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 UNIVERSITY & MARYLAND SCHOOL OF MEDICINE Thank You! Howard Dubowitz, MD, MS, FAAP hdubowitz@som.umaryland.edu 410.706.6144 Resources for Parents • http://www.nationalparenthelpline.org/ $\bullet \ \underline{\text{http://www.ahaparenting.com/parenting-tools/positive-discipline/strict-parenting}}$ $\bullet \ \ \text{Fay J \& Fay C. 2015.} \ \textit{Love and Logic Magic for Early Childhood: Practical Parenting from Birth to Six}$ 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 1. 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 II: is it safe? • Phase III: is it effective? • Phase III: is it more effective than readily available alternatives? John Stirling, MD