

Evidence that a brief intervention can affect parents' attitudes toward using less physical punishment

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Global Summit on Ending Corporal Punishment
and Promoting Positive Discipline

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Dallas, Texas

Objective

To review evidence that a brief intervention can effect parents' attitudes toward using less physical punishment.

- 1) Parents view a brief violence prevention program in clinic. *Clinical Pediatrics*. 2007.
- 2) Voluntary Versus Required Viewing of a Violence Prevention Program in Clinic. *Clinical Pediatrics*. 2008.
- 3) A brief primary care intervention affects parents' plans to discipline. *Pediatrics*. 2010.
- 4) A brief violence prevention intervention may affect parents' attitudes towards using less physical punishment. *Family and Community Health*; 2010.
- 5) A Brief Primary Care Intervention Affects Parents' Attitudes About Physical Punishment. RCT in primary care clinic.

Background

- Physical punishment and adverse consequences:
 - decreased moral internalization
 - increased child aggression
 - increased child delinquent and antisocial behavior
 - decreased quality of relationship between parent and child
 - decreased child mental health
 - increased risk of being a victim of physical
 - abuse, increased adult aggression
 - increased adult criminal and antisocial behavior
 - decreased adult mental health
 - Increased risk of abusing own child or spouse.

Gershoff ET. Corporal Punishment by Parents and Associated Child Behaviors and Experiences: A Meta-Analytic and Theoretical Review. *Psychological Bulletin*. 2002.

Background



Recommendations for Preventive Pediatric Health Care Bright Futures/American Academy of Pediatrics



Each child and family is unique; therefore, these **Recommendations for Preventive Pediatric Health Care** are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. **Additional visits may become necessary** if circumstances suggest variations from normal.

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HISTORY																																	
Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
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Head Circumference	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Weight for Length	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
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SENSORY SCREENING																																	
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Immunization ¹¹		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Hematocrit or Hemoglobin ¹²						★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
Lead Screening ¹³						★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
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ANTICIPATORY GUIDANCE¹⁹																																	

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- Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
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- At the visits for 3 years and 6 years of age, it should be determined whether the patient has a dental home. If the patient does not have a dental home, a referral should be made to one. If the primary water source is deficient in fluoride, consider oral fluoride supplementation.
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Autism Screening ⁹		•	•	•	•	•	•	•	•	•	•	•	•	•
Developmental Surveillance ⁸		•	•	•	•	•	•	•	•	•	•	•	•	•
Psychosocial/Behavioral Assessment		•	•	•	•	•	•	•	•	•	•	•	•	•
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PHYSICAL EXAMINATION ¹⁰		•	•	•	•	•	•	•	•	•	•	•	•	•
PROCEDURES ¹¹														
Newborn Metabolic/Hemoglobin Screening ¹²	←		•											
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ANTICIPATORY GUIDANCE ²³		•	•	•	•	•	•	•	•	•	•	•	•	•

AMERICAN ACADEMY OF PEDIATRICS

Committee on Psychosocial Aspects of Child and Family Health

Guidance for Effective Discipline

ABSTRACT. When advising families about discipline strategies, pediatricians should use a comprehensive approach that includes consideration of the parent-child relationship, reinforcement of desired behaviors, and consequences for negative behaviors. Corporal punishment is of limited effectiveness and has potentially deleterious side effects. The American Academy of Pediatrics recommends that parents be encouraged and assisted in the development of methods other than spanking for managing undesired behavior.

by removing dangerous objects from their reach) introduce activities that distract their children from potential hazards. Such proactive behaviors are central to discipline for toddlers. Communicating firmly (a firm no) helps prepare the infant for later stages of reasoning, but parents should not expect reasoning, verbal commands, or reprimands to manage the behavior of infants or toddlers.

As children grow older and interact with more complex physical and social environments

Intervention

[Go to the beginning](#)

Recommendation 2

Assume that you see your child hurt another child by hitting. What are some of the best ways for you to respond? After you have chosen an option, it will be highlighted to show if your choice is:

- ✔ A great option,
- ✔ A good option after others have failed, or if
- ✘ There are better options

Click on all the options that you want to learn more about.

- | | |
|-----------------------------------|----------------------------------|
| ✔ Redirect the behavior | ✔ Ask how the other child feels |
| ✔ Later, give praises | ✔ Leave the area |
| ✘ Spank your child | ✔ Discuss why hitting is wrong |
| ✔ Set the rule | ✘ Speak angrily |
| ✔ Take away a privilege | ✔ Give a warning |
| ✔ Time-Out | ✔ Hold and give hugs |
| ✘ Ignore the behavior | ✔ Later, encourage play fighting |
| ✔ Ask about your child's feelings | ✘ Tell him he is a bad boy |
| ✔ Later, do role play | ✔ Set future expectations |
| ✔ Say "No" | ✔ Redirect with a question |

[Click to go to the next section](#)

Intervention

Go to the beginning

Recomendación 2

Suponga que usted ve a su niño golpear a otro. ¿Qué es lo que debería hacer usted?
Al escoger su respuesta, se le indicará si la opción es:

- ✓ Muy buena opción
- ✓ Buena opción, si las demás han fallado
- ✗ Existen mejores opciones que ésta

Pulse en cualquiera de las opciones si quiere aprender más acerca de cada tema.

- | | |
|--|--|
| ✓ "Redirija" el comportamiento | ✓ Pregúntele cómo se siente el otro niño |
| ✓ Emplee el juego de interpretación de roles | ✓ Váyase del lugar |
| ✗ Dé nalgadas a su niño | ✓ Explíquele por qué pegar es malo |
| ✓ Dígale que "No" | ✗ Háblele con enojo |
| ✓ Establezca las reglas | ✓ Déle una advertencia |
| ✓ Aislamiento, o "tiempo fuera" | ✓ Abrácelo |
| ✗ Ignore el comportamiento | ✓ Anímelo a jugar tosca y activamente |
| ✓ Pregunte a su niño cómo se siente | ✗ Dígale que es un niño malo |
| ✓ Niéguele un privilegio | ✓ Dígale lo que espera de él |
| ✓ Más tarde en el día, elógielo | ✓ "Redirija" con una pregunta |

Pasar a la siguiente página

Study 1

Intervention:
At least 8 options



Parents View a Brief Violence Prevention Program in Clinic

Seth J. Scholer, MD, MPH,¹ Anamika B. Mukherjee,²
Kirsten I. Gibbs,² Shafia Memon, MBBS,³
and Kathryn L. Jongeward²

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Participants were parents of 1- to 7-year-old children presenting to a pediatric clinic. The intervention was *Play Nicely*, 2nd edition, a multimedia educational program that teaches childhood aggression management skills. On average, parents viewed 10 to 15 min in clinic. The average age of the 89 participants was 30 years; 49% were African American, 29% were married, and 12% had a college education. Preintervention, 90% of parents stated that they felt very comfortable managing aggression. Postintervention, 90% of parents planned to change how they discipline their own child. More than

90% had at least one positive comment about the program; there were no negative comments. A brief intervention that addresses childhood aggression is embraced by a relatively diverse group of parents who viewed it during their children's primary care visit. Parents' prior comfort level with managing aggression should not be used to screen who might benefit. The program has implications for violence prevention.

Keywords: violence prevention; counseling; parenting; childhood aggression; discipline; intervention; education

Study 1

Parents View a Brief Violence Prevention Program in Clinic

Clinical Pediatrics
Volume 46 Number 8
October 2007 724-734
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10.1177/0009922807302508
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30% verbalized that they planned to use less spanking

Participants were parents of 1- to 7-year-old children presenting to a pediatric clinic. The intervention was *Play Nicely*, 2nd edition, a multimedia educational program that teaches childhood aggression management skills. On average, parents viewed 10 to 15 min in clinic. The average age of the 89 participants was 30 years; 49% were African American, 29% were married, and 12% had a college education. Preintervention, 90% of parents stated that they felt very comfortable managing aggression. Postintervention, 90% of parents planned to change how they discipline their own child. More than

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Study 2

Intervention: At
least 8 options



Voluntary or Required Viewing of a Violence Prevention Program in Pediatric Primary Care

Clinical Pediatrics
Volume 47 Number 5
June 2008 461-468
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10.1177/0009922807311731
<http://clp.sagepub.com>
hosted at
<http://online.sagepub.com>

Seth J. Scholer, MD, MPH,¹ Courtney A. Walkowski, BA,²
and Len Bickman, PhD³

Participants were parents of children less than 7 years of age who presented with their child for a well child visit. Viewed in the waiting room, the intervention was *Play Nicely*, which teaches childhood aggression management skills. A total of 138 parents were invited to view the program; 57 (41%) accepted (voluntary group). A second group of 35 parents viewed the program as part of the clinic visit (required group); all 35 (100%) accepted. There were no differences between the groups in the proportion of parents who were pleased that the program was offered by their pediatrician (100%) and the proportion who

felt more comfortable managing aggression after the viewing experience (94%). Approximately 75% of both groups reported an increased willingness to discuss child behavior and discipline strategies with their pediatrician. These findings have implications for how providers can more routinely introduce educational material into the well child visit that relates to childhood aggression, discipline, and violence prevention.

Keywords: childhood aggression; parental discipline; violence prevention

Study 2

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Participation

1. Invitation to learn about discipline: 57/138 (41%)

2. Next part of the visit: 35/35 (100%)

The proportion of parents who were pleased that the program was offered by their pediatrician: 100%

child visit. Viewed in the waiting room, the intervention was *Play Nicely*, which teaches childhood aggression management skills. A total of 138 parents were invited to view the program; 57 (41%) accepted (voluntary group). A second group of 35 parents viewed the program as part of the clinic visit (required group); all 35 (100%) accepted. There were no differences between the groups in the proportion of parents who were pleased that the program was offered by their pediatrician (100%) and the proportion who

groups reported an increased willingness to discuss child behavior and discipline strategies with their pediatrician. These findings have implications for how providers can more routinely introduce educational material into the well child visit that relates to childhood aggression, discipline, and violence prevention.

Keywords: childhood aggression; parental discipline; violence prevention

Study 3

PEDIATRICS®

Intervention:
At least 4 options



OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

A Brief Primary Care Intervention Helps Parents Develop Plans to Discipline



WHAT'S KNOWN ON THIS SUBJECT: Use of inappropriate discipline and persistent childhood aggression are risk factors for violence. No practical solution has been identified for the problem of low rates of anticipatory guidance being provided to parents regarding childhood behavior and discipline.



WHAT THIS STUDY ADDS: Brief interventions, incorporated into the primary care visit, can markedly increase the proportion of English- and Spanish-speaking parents of young children who are helped with developing plans to discipline their child. The study has implications for violence prevention.

abstract

OBJECTIVE: The objective was to determine if a primary care intervention can help caregivers develop appropriate methods of discipline.

PATIENTS AND METHODS: A randomized, controlled trial was conducted in a pediatric primary care clinic. Consecutive English- or

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^aDepartment of Pediatrics Vanderbilt University School of Medicine and the Monroe Carel Jr Children's Hospital at Vanderbilt, ^bSchool of Nursing, School of Medicine (Biostatistics), Vanderbilt University, Nashville, Tennessee; and ^cDartmouth College, Hanover, New Hampshire

KEY WORDS

violence, child abuse, parenting, counseling, aggression, prevention and control, child behavior, intervention, primary care

This trial has been registered at www.clinicaltrials.gov (identifier NCT00875303).

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Study 3

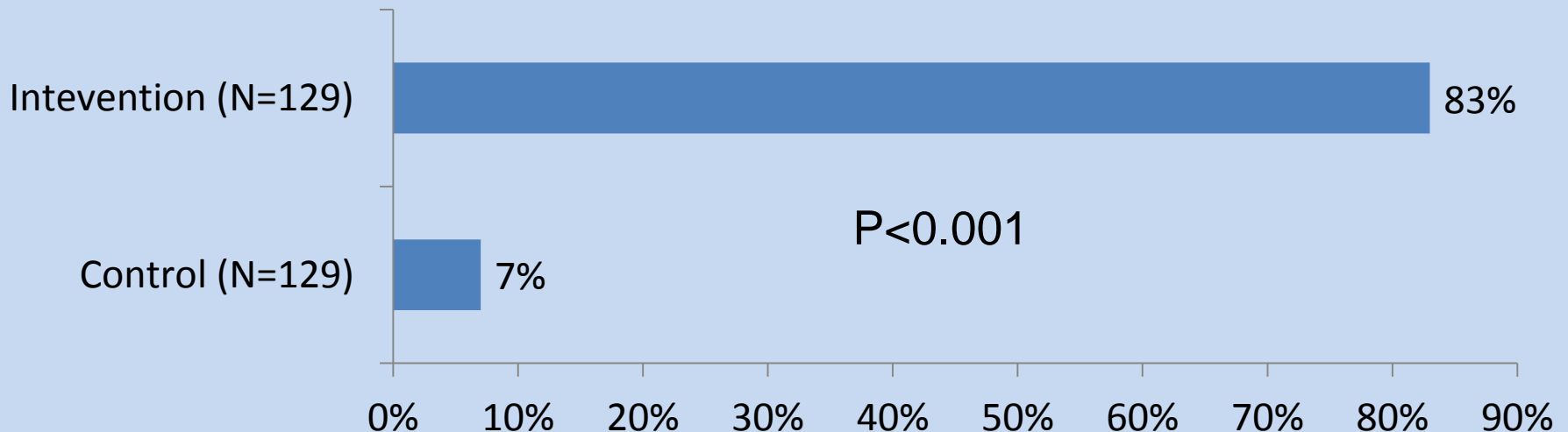
PEDIATRICS

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

A Brief Primary Care Intervention Helps Parents Develop Plans to Discipline

All parents were asked, “As a result of your clinic visit today, do you plan to change how you discipline your child or respond to your child’s behavior in the future? If “Yes”, parents were asked what they would do differently.

Figure 1: Proportion of Parents Who Planned to Change How They Discipline



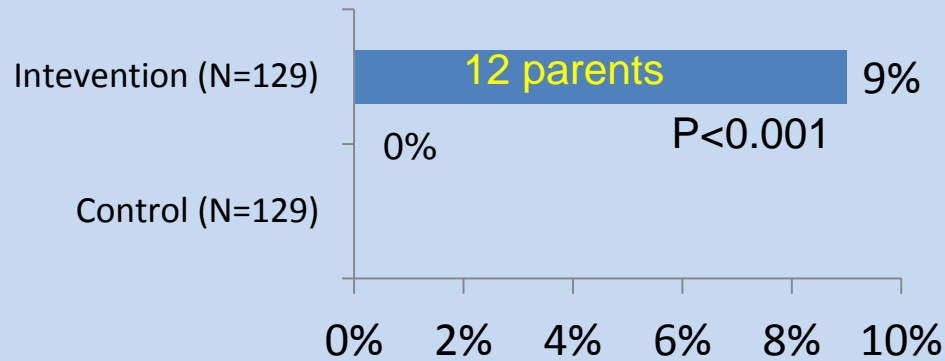
Study 3

PEDIATRICS

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

A Brief Primary Care Intervention Helps Parents Develop Plans to Discipline

Figure 2: Proportion of Parents Who Planned to Use Less Spanking



If a caregiver stated that he or she planned to use less physical punishment, he or she was asked an additional open-ended question, “What did you see or hear during your visit today to cause you to consider using less spanking?”

Table: Responses From 12 Caregivers, All in the Intervention Group, Who Planned to Use Less Spanking in the Future

Video showed not to respond to violence with violence because kids will not respond.
There are better options.
The results are not as clear or quick with spanking.
It is wrong; there are better options.
The video made it clear why to spank less.
Caregiver realized when watching the video that by hitting, he or she is teaching violence.
Video and physician made him or her realize that spanking is not effective.
The video made it clear that if you do not want your kid to hit, then why are you hitting?
If it is (spanking) not going to help her, then there is no point.
The video made talking seem like a more favorable option.
The video showed me that hitting my son will not help him to not hit others.
Kids do not listen when you spank them. You think they do, but they do not.

Study 4

Intervention: At least 8 options

Fam Community Health

Vol. 33, No. 2, pp. 106-116

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A Brief Intervention May Affect Parents' Attitudes Toward Using Less Physical Punishment

*Seth J. Scholer, MD, MPH; Emma C. Hamilton, BA;
Melissa C. Johnson, BA; Theresa A. Scott, MS*

Ninety-six parents in a preschool and pediatric clinic participated in a randomized study of a brief parenting intervention. The Attitudes Toward Spanking (ATS) scale was measured at baseline, and, on average, 4 months postintervention. Higher ATS scores are correlated with increased use of physical punishment. In the intervention group, there was a 2.7-point decrease in the ATS score at follow-up compared with baseline ($P = 0.01$). There was no decrease in the ATS in the control group. Brief interventions may shift parental attitudes toward using less physical punishment and have implications for improving anticipatory guidance within primary care and early education.

Key words: *aggression, corporal punishment, mental health, parenting, physical punishment, primary care, preschool, violence prevention*

Study 4

Key Measures

Attitude Towards Spanking (10-item scale)*

1	2	3	4	5
Strongly	Somewhat	Neither	Somewhat	Strongly
..... Disagree Agree

- ___ 1. Spanking is a normal part of my parenting.
- ___ 2. Sometimes a spank is the best way to get my child to listen.
- ___ 3. A spank is not an effective method to change my child's behavior for the long term.

3 of 10 items

- The ATS scale is scored by reverse scoring 4 questions. Then, the total score is summed and can range from 10 to 50
 - **Higher scores are correlated with a greater likelihood of use of physical punishment***
- The nonparametric Wilcoxon signed rank test was used to compare the ATS scores of the control and the intervention

* Vittrup B, Holden GW, Buck J. Attitudes predict the use of physical punishment: a prospective study of the emergence of disciplinary practices. Pediatrics. 2006.

Study 4

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A Brief Intervention May Affect Parents' Attitudes Toward Using Less Physical Punishment

Table 4. Attitudes toward spanking (ATS)^a at baseline (preintervention) and at follow-up (postintervention)

	Mean ATS (SD)		Change in ATS (post-pre)	P value
	Preintervention	Postintervention		
Control group, <i>n</i> = 32	29.6 (6.7)	28.7 (7.3)	-0.9	0.3
Intervention group, <i>n</i> = 32	30.8 (5.2)	28.1 (7.0)	-2.7	0.01
Intervention subgroups ^b				
Planned some change in discipline, <i>n</i> = 28	31.3 (5.2)	28.2 (7.2)	-3.1	0.01
Planned less spanking, <i>n</i> = 9	34.0 (3.5)	28.7 (5.1)	-5.3	0.02
Planned change other than less spanking, <i>n</i> = 19	30.1 (5.4)	28.0 (8.2)	-2.1	0.06
Did not plan a change in discipline, <i>n</i> = 4	27.2 (3.9)	27.5 (6.2)	+0.3	0.7

Study 4

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A Brief Intervention May Affect Parents' Attitudes Toward Using Less Physical Punishment

All intervention parents were asked immediately post-intervention, "Do you plan to discipline differently, and, if so, what do you plan to do differently?"

Table 4. Attitudes toward spanking (ATS)^a at baseline (preintervention) and at follow-up (postintervention)

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Intervention: At least 4 options



Parents of 6-24 month old children in clinic

Randomization

Randomly assigned (n=263)

Received intervention (n=131)

Declined (n=3)

Control group received standard offerings in primary care (n=132)

Allocation

Excluded: Any parent who could not speak English or Spanish

Recruitment to participate in a 2-min survey immediately after visit

Accepted (n=131)

Declined (n=0)

Recruitment

Recruitment to participate in a 2-min survey immediately after visit

Accepted (n=132)

Declined (n=2)

Study 5

Key Measures

Attitude Towards Spanking (10-item scale)*

1	2	3	4	5	6	7
Strongly	Moderately	Slightly	Neither	Slightly	Moderately	Strongly
..... Disagree Agree		

- ___ 1. Spanking is a normal part of my parenting.
- ___ 2. Sometimes a spank is the best way to get my child to listen.
- ___ 3. A spank is not an effective method to change my child's behavior for the long term.

3 of 10 items

- The ATS scale is scored by reverse scoring 4 questions. Then, the total score is summed and can range from 10 to 70
 - **Higher scores are correlated with a greater likelihood of use of physical punishment***
- The nonparametric Wilcoxon signed rank test was used to compare the ATS scores of the control and the intervention

* Vittrup B, Holden GW, Buck J. Attitudes predict the use of physical punishment: a prospective study of the emergence of disciplinary practices. Pediatrics. 2006.

Study 5 - Results

Table 1: Demographics

Characteristics	Control Group (N=132)	Intervention Group (N=131)
Age of caregiver, mean (SD), y	28.5 (6.6)	28.6 (8.2)
Gender of caregiver, female	112 (84.8)	109 (83.2)
Education, high school or less	68 (51.5)	75 (57.3)
Total No. of children	2.2 (1.2)	2.1 (1.3)
Race or Ethnicity		
<i>White</i>	35 (26.5)	28 (21.4)
<i>Black</i>	60 (45.5)	61 (46.6)
<i>Hispanic</i>	23 (17.4)	32 (24.4)
<i>Other</i>	11 (8.3)	7 (5.3)
Age of child, mean (SD), months	12.3 (4.99)	12.7 (5.11)

All data presented as n (%) unless indicated otherwise.

Study 5 - Results

Table 2: ATS score in control and intervention

	Control N=132	Intervention N=131	P-value
ATS Score	30.0	25.9	.043

Higher scores are associated with actual use of physical punishment

Summary

1. Parents view a brief violence prevention program in clinic. *Clinical Pediatrics*. 2007.
30% stated they will spank less.
2. Voluntary Versus Required Viewing of a Violence Prevention Program in Clinic. *Clinical Pediatrics*. 2008.
Regardless of group, 100% pleased that the program was offered by pediatrician.
3. A brief primary care intervention affects parents' plans to discipline. *Pediatrics*. 2010.
9% in intervention group planned to spank less compared with 0% in the control
4. A brief violence prevention intervention may affect parents' attitudes towards using less physical punishment. *Family and Community Health*; 2010.
2.7 point pre-post decrease in ATS in the intervention group and no change in control.
5. A Brief Primary Care Intervention Affects Parents' Attitudes About Physical Punishment. RCT in primary care clinic.
4.1 point difference in ATS comparing intervention with control.

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4.1 point difference in ATS comparing intervention with control.

Brief primary care intervention can affect parents' attitudes toward using less physical punishment

Implications

- The results of these studies have implications for:
 - how to affect parents' attitudes toward using less physical punishment
 - improving primary care offerings related to violence prevention
 - the primary prevention of violence