Decreasing Caregivers’ Positive Attitudes Toward Spanking

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ABSTRACT
The Play Nicely program is a multimedia training program designed to teach caregivers and health care professionals how to manage early childhood aggression and to use positive parenting practices. The aim of this article is to help the practicing clinician determine whether the Play Nicely program should be incorporated into his/her practice and to evaluate whether the program is effective at decreasing positive attitudes toward spanking in a socioeconomically disadvantaged population in both a resident pediatric clinic and a community center. Thirty-three caregivers of children aged 2 to 5 years viewed the Play Nicely program and completed pre- and post-training questionnaires. Decreased positive attitudes toward spanking were reported after training. Favorable attitudes toward spanking were associated with increased use of harsher discipline and higher child externalizing behavior. This study provides support that this brief intervention is effective in a socioeconomically disadvantaged population, is portable, and can be used in a group setting. This program may serve as a prevention and population-based approach to addressing the adverse childhood experience of spanking. J Pediatr Health Care. (2017) ■■, ■■-■■.

KEY WORDS
Adverse childhood experiences, spanking, violence prevention

INTRODUCTION
Adverse childhood experiences (ACEs) are defined as “inconsistent, stressful, threatening, hurtful, traumatic, or neglectful social interchanges experienced by fetuses, infants, children or adolescents” (Compton & Shim, 2015, p. 48). ACEs can have a negative impact on an individual’s social, emotional, and cognitive functioning. Researchers have proposed that spanking should be considered an ACE (Afifi et al., 2017). Based on data collected from a Centers for Disease Control and Prevention–Kaiser ACE study that included over 8,000 respondents, spanking was found to load on the same factor as physical and emotional abuse. What is more, spanking was associated with increased odds of suicide attempts, moderate to heavy drinking, and use of street drugs in adulthood (Afifi et al., 2017). This finding supports the need to provide early violence prevention to decrease the likelihood of spanking. The practicing clinician needs to determine how best to address the negative effects of spanking and toxic stress when providing anticipatory guidance. There are several evidence-based parenting programs (e.g., Incredible Years, Helping the Noncompliant Child, Nurturing Parenting Program, Triple P- Positive Parenting Program, and the ACT Raising Safe Kids program) that improve positive parenting practices and decrease child conduct problems (California Department of Social Services, 2017;
increased child behavior problems.

Furthermore, many parenting programs suffer from difficulties with recruitment and retention. This can make it challenging to incorporate these practices within the context of the primary care setting and in settings in which the clinician is practicing in community centers and community schools.

The Play Nicely program (Scholer, 2005) is, to our knowledge, the only empirically supported one-time parenting intervention that does not require a trained clinician facilitator and purchase of costly materials. This multimedia training program is designed to teach positive parenting strategies in response to child aggression. Moreover, the program teaches caregivers how to use positive parenting practices rather than spanking to control behavior. To our knowledge, Play Nicely is the only one-time intervention for use with a range of adults involved in caring for children, including parents, child care providers, and health care professionals.

Spanking as a form of discipline has been found to be potentially harmful and is banned in 51 countries (Altschul, Lee, & Gershoff, 2016; American Academy of Child and Adolescent Psychiatry, 2012; Global Initiative to End Corporal Punishment of Children, 2016). Studies over the past 20 years have found that spanking is associated with depression, suicidal ideation and/or attempts and self-injurious behavior, and substance use (e.g., Fergusson, Boden, & Horwood, 2008; Lau et al., 2005; Mcloyd, Kaplan, Hardaway, & Wood, 2007). Spanking is also associated with an increase in antisocial behavior regardless of the extent to which parents provide emotional support and cognitive stimulation. This finding is true despite socioeconomic status, ethnic group, and sex of the child (Straus, Douglas, & Medeiros, 2014).

Parenting practices that include punitive interactions are associated with higher rates of disruptive behavior in children (Stormshak, Bierman, McMahon, & Lengua, 2000). Increased child behavior problems are associated with harsher parent discipline and lower nurturing (Brenner & Fox, 1998). Moreover, research has shown that early spanking predicts increases in children’s externalizing behavior, and early child externalizing behavior predicts more spanking over time (Gershoff, Lansford, Sexton, Davis-Kean, & Sameroff, 2012). This exemplifies a coercive behavior cycle in which children may be negatively reactive to spanking, and in turn, caregivers may increase the intensity of punitive discipline practices in response to children’s externalizing behavior (Gershoff, 2013; Gershoff et al., 2012; Patterson, 1982). In sum, the more spanking is used by parents, the greater the likelihood of externalizing behaviors such as aggression.

Research has shown that parent education programs (e.g., the ACT Raising Safe Kids program) have changed attitudes and behaviors related to spanking (Knox, Burkhart, & Hunter, 2010). A recent review of programs to prevent or decrease physical punishment conclude that, although a range of approaches have had some success in reducing attitudes toward and use of physical punishment, significant gaps continue to exist in knowledge about how to most effectively and efficiently prevent physical punishment (Gershoff, Lee, & Durrant, 2017). Furthermore, the programs that have been shown to be effective often require participation in interventions lasting several weeks (Voisine & Baker, 2012; Wagner, Spiker, & Linn, 2002). There is evidence to suggest, however, that even brief interventions can decrease positive attitudes toward spanking (e.g., Holden, Brown, Baldwin, & Cadera0, 2014; Reich, Penner, Duncan, & Auger, 2012).

Research has indicated that attitudes, including those that are abuse prone, are the single best predictor of behavior, with mothers who have positive attitudes toward spanking more likely to report physical abuse of their children (Ajzen & Fishbein, 1977; Ateah & Durrant, 2005; Jackson et al., 1999; Zolotor, Theodore, Chang, Berkoff, & Runyan, 2008). Moreover, in a recent meta-analysis evaluating U.S. caregivers’ attitudes toward corporal punishment (CP; defined as “the use of physical force with the intention of causing the child to experience pain, but not injury, for the purpose of correction or control;” Straus, 2001, p. 4), the endorsement of CP was associated with actual use (Chiocca, 2016). These findings suggest that changing positive attitudes toward spanking can lead to effective behavior change. Cost-effective, culturally sensitive parent education is needed that identifies alternative parenting strategies to modify challenging behavior.

The Play Nicely program can be used by parents/caregivers, health care professionals, and child care providers to learn how to manage early childhood aggression in children 1 to 7 years of age (Scholer, 2005). The program is designed for caregivers to view during pediatric well-child checks. Results in pediatric settings have indicated that caregivers who received training planned to do less spanking and reported that the program helped them know how to manage early childhood aggression (Scholer, 2006; Scholer, Hudnut-Beumler, & Dietrich, 2010; Scholer, Mukherjee, Gibbs, Memon, & Jongeward, 2007). Caregivers also reported increased willingness to discuss
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