



## A brief intervention affects parents' attitudes toward using less physical punishment<sup>☆,☆☆,★</sup>

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### ABSTRACT

Consecutive English and Spanish speaking caregivers of 6–24 month old children were randomly assigned to either a control or intervention group. Parents in the intervention group were instructed to view at least 4 options to discipline a child in an interactive multimedia program. The control group participants received routine primary care with their resident physician. After the clinic visit, all parents were invited to participate in a research study; the participation rate was 98% (258/263). The key measure was the Attitudes Toward Spanking (ATS) scale. The ATS is correlated with parents' actual use of physical punishment. Parents with higher scores are more likely to use physical punishment to discipline their children. Parents in the intervention group had an ATS score that was significantly lower than the ATS score of parents in the control group (median = 24.0, vs. median = 30;  $p = 0.043$ ). Parents in the control group were 2 times more likely to report that they would spank a child who was misbehaving compared with parents in the intervention group (16.9% vs. 7.0%,  $p = 0.015$ ). In the short-term, a brief intervention, integrated into the primary care visit, can affect parents' attitudes toward using less physical punishment. It may be feasible to teach parents to not use physical punishment using a population-based approach. The findings have implications for how to improve primary care services and the prevention of violence.

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## Introduction

Inappropriate discipline, including the use of physical punishment, is a risk factor for antisocial behavior, depression, anxieties, and many other adverse consequences (Durrant & Ensom, 2012; Durrant, 2008; Gershoff, 2002; Lansford, Chang, Dodge, Malone, Oburu, & Palmerus, 2005; MacMillan, Boyle, Wong, Duku, Fleming, & Walsh, 1999; Slade & Wissow, 2004; Straus, Sugarman, & Giles-Sims, 1997). Inappropriate discipline may lead to child maltreatment and be a form of toxic stress that has lifelong implications for adverse mental and physical problems (Shonkoff, Garner, Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care, & Section on Developmental and Behavioral Pediatrics, 2012). Evidence is mounting that children who are physically punished are at increased risk of child abuse (Gershoff, 2002). As stated in an a report by the American Academy of Pediatrics (AAP), “The only way to maintain the initial effect of spanking is to systematically increase the intensity with which it is delivered, which can quickly escalate into abuse” (Stein & Perrin, 1998). To prevent violence, the World Health Organization (WHO) recommends that all parents learn appropriate methods to discipline their children (Krug, Mercy, Dahlberg, & Zwi, 2002).

The pediatric primary care visit provides an excellent opportunity to teach parents appropriate methods to discipline and to discourage the use of physical punishment. The AAP and the Canadian Pediatric Society recommend that primary care physicians routinely encourage parents to use non-physical forms of discipline (“Effective discipline for children”, 2004; Stein & Perrin, 1998). Parents report they are ready and willing to learn discipline strategies that are alternatives to physical punishment (Olson, Inkelas, Halfon, Schuster, O’Connor, & Mistry, 2004; Taylor, Moeller, Hamvas, & Rice, 2013; Young, Davis, Schoen, & Parker, 1998), but there are missed opportunities within primary care to teach parents more effective strategies to discipline (Finch, Weiley, Ip, & Barkin, 2008; Olson et al., 2004; Young et al., 1998).

Parents’ attitudes about physical punishment predict their actual use of physical punishment at home with their young children (Bower-Russa, 2005; Graziano, Hamblen, & Plante, 1996; Jackson, Thompson, Christiansen, Colman, Wyatt, & Buckendahl, 1996; Socolar & Stein, 1995; Vittrup, Holden, & Buck, 2006). There is evidence that parents develop their attitudes about discipline early in the lives of their children before children have time to display chronic behavior problems (Vittrup et al., 2006). A logical question is whether primary care interventions can help teach parents of young children to not use physical forms of discipline.

Many parenting interventions have been studied in community and primary care settings (Barkin, Finch, Ip, Scheindlin, Craig, & Steffes, 2008; Dubowitz, Feigelman, Lane, & Kim, 2009; Fennell & Fishel, 1998; Minkovitz, Hughart, Strobino, Scharfstein, Grason, & Hou, 2003; Minkovitz, Strobino, Mistry, Scharfstein, Grason, & Hou, 2007; Olds, Eckenrode, Henderson, Kitzman, Powers, & Cole, 1997; Reich, Penner, Duncan, & Auger, 2012; Reid, Webster-Stratton, & Baydar, 2004; Scholer, Hamilton, Johnson, & Scott, 2010; Scholer, Hudnut-Beumler, & Dietrich, 2010; Sege, Perry, Stigol, Cohen, Griffith, & Cohn, 1997; Zubrick, Ward, Silburn, Lawrence, Williams, & Blair, 2005) and several studies of parenting interventions indicate that parental attitudes and behavior regarding physical punishment can be changed (Dubowitz et al., 2009; Fennell & Fishel, 1998; Minkovitz et al., 2003, 2007; Reich et al., 2012; Scholer, Hamilton, Johnson, & Scott, 2010; Scholer, Hudnut-Beumler, & Dietrich, 2010). Because it would be best for all parents to learn about appropriate methods to discipline, more work is needed to determine if parents’ attitudes can be affected using a population-based approach.

The intervention in this study was the Play Nicely program, an educational program that was developed to help educate parents about discipline in primary care and early education settings. Developed at Vanderbilt University, the content of the program is based on material from the American Academy of Pediatrics, the National Association for the Education of Young Children, and the American Psychological Association (Scholer, 2010).

Multiple evaluations of the program have laid the foundation for the population-based approach used in this study. In the setting of a general pediatric clinic, parents of 1–7 year old children were asked if they desired to learn more about discipline (Scholer, Mukherjee, Gibbs, Memon, & Jongeward, 2007). Of parents who agreed to participate, 30% spontaneously reported that they planned to use less spanking as a result of viewing the program (Scholer et al., 2007). In another study of parents in clinic and a preschool setting, we found that viewing the Play Nicely program was associated with a change in parents’ attitudes toward using less physical punishment in an intervention group; however the study did not find a difference comparing the intervention and control groups (Scholer, Hamilton, Johnson, & Scott, 2010). These earlier studies were limited in that parents agreed to participate, resulting a selection bias.

Additional studies of the Play Nicely program were needed to demonstrate that it is possible to use a population based approach to teach parents about discipline. In a general pediatric clinic, one group of parents was invited (i.e. parents had to opt in) to view information about discipline and another group was instructed (i.e. parents had to opt out) to view the material as part of the well visit (Scholer, Walkowski, & Bickman, 2008). Regardless of the group assignment, 100% of parents were pleased that the program was provided in the office (Scholer et al., 2008). In a randomized controlled trial of consecutive parents of 1–5 year old children presenting for a well visit, parents in an intervention group were 12 times more likely to revise their plans to discipline compared with a control group (83% vs. 7%;  $p < 0.001$ ) (Scholer, Hudnut-Beumler, & Dietrich, 2010). Parents in the intervention group were more likely to verbalize that they planned to use less spanking (9% vs. 0%;  $p < 0.001$ ) (Scholer, Hudnut-Beumler, & Dietrich, 2010). Although these evaluations are promising, studies are now needed to confirm that brief programs can actually affect parents’ attitudes toward using less physical punishment.

The objective of this randomized controlled study was to determine if a brief intervention, integrated into the primary care visit, can affect parents’ attitudes toward using less physical punishment. The results of this study have implications for how to improve primary care offerings, the prevention of child abuse, and the prevention of violence.

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