Center for Youth Development and Intervention

The CYDI’s Mission is to improve prevention and treatment of youth mental health and behavioral problems and strengthen communities.

www.cydi.ua.edu

Parents: Do you or your child want to participate in research / interventions? Do you want to be informed of events?

Join our CYDI registry to give us permission to contact you with applicable information!

Are you an educator, clinician, organization, or professional and want to be a CYDI partner?

Complete our CYDI partnership survey to let us know you may be interested in partnering with us on future work and would like more info on workshops, events, and research.

Studies currently enrolling:

FAST: Facial Affect Sensitivity Training Study
Intervention for 6-11 year olds who struggle with empathy and concern for consequences

fastclinicaltrial@ua.edu
205-348-2472

ORED: Brain Research Study
Research study for 10-17 year olds who are neurotypical or who have been diagnosed with autism or social anxiety

b.rad.laboratory@gmail.com
205-348-4201

EASE: Managing Emotions for Teens and Young Adults with Autism
Intervention for 12-21 year olds with autism who struggle with managing their emotions

npowell@ua.edu
205-348-6551

R15: Social Attention Study
Research study for 11-13 year olds

b.rad.laboratory@gmail.com
205-348-4201

The FEELING Study
Online surveys for teens in high school and their caregivers

Email mxia3@ua.edu or visit our website at: https://mxia.people.ua.edu/feeling.html
Helping Kids Behave: Parenting Strategies for Elementary-age Child Challenges

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Center for Youth Development & Intervention (CYDI)
Agenda

• Discuss the nature of child misbehavior
• Offer some evidence-based parenting strategies
• Suggest additional resources
Behave: to conduct oneself in a proper manner.

Not easy! Life is hard! Self-control is hard!

- **Self-regulation**: the ability to monitor and manage your emotions, thoughts, & behavior in the service of long-term goals
  - Control impulses, think ahead, persist at hard tasks...
    - “Resist the urge!” “Listen!” “Bite your tongue!” “Don’t freak out!”
    - “Do the right thing!” “Hang in there!” “Think about the big picture!”

- Develops **gradually** with brain development & learning experiences

- **Frontal lobe**: prefrontal cortex (PFC) “The brain’s CEO”
  - Executive functions sustain attention & effort, plan, manage time, inhibit impulses, flexibly shift focus, solve problems (working memory)
  - Not fully developed until ~ age 25!

- Take home message? **Show empathy & patience with child, self, others!**
We aren’t the only parents whose kids misbehave...
What are common child behavior problems?

• All children struggle at times!
• Especially younger children...

• Inattentive, hyperactive, impulsive behaviors:
  • **Inattention:**
    • careless mistakes, trouble holding attention, not listening, doesn’t follow-through/finish things, disorganized, avoids sustained effort, loses things, easily distracted, forgetful
  • **Hyperactivity/impulsivity:**
    • fidgety/squirmy, leaves seat, runs/climbs about, can’t play quietly, always on the go, talks too much, blurts answers, can’t wait turn, interrupts...
What’s atypical or cause for concern?

- When might it be **Attention-Deficit/Hyperactivity Disorder (ADHD/ADD)**?
  - Unusually frequent for child’s age (higher than 95% of same-age peers),
  - In 2 or more settings,
  - More than 6 symptoms of either Inattention or Hyperactivity/Impulsivity,
  - If it significantly interferes with daily functioning (peers, family, at school)

- ADHD Occurs in about 5% of children.
- Not laziness. Not lack of intelligence.
- Heritable (Runs in families. No single gene).
- Often continues into adulthood.
- No cure, but treatment helps: behavioral (PMT), medication (stimulants)
- Co-occurs with: anxiety, mood problems, reading disability, OCD, autism, substance abuse, disruptive behavior problems...
Common disruptive behaviors (and disorders)

- **Oppositional-defiant behavior:**
  - **Angry/Irritable Mood:**
    - loses temper, touchy/easily annoyed, angry/disrespectful
  - **Argumentative/Defiant Behavior:**
    - argues with authority figures, actively defies/refuses to comply with rules or requests, deliberately annoys others, blames others
  - **Vindictiveness:**
    - Spiteful, revengeful (holds grudges, tries to get back/retaliate)

- **When might it be Oppositional Defiant Disorder (ODD)?**
  - Unusual amount of irritability & defiance for age
  - 4 or more symptoms for at least 6 months (not just with sibling)
  - Interferes with daily functioning (school, peers, family)
More severe misbehavior: Conduct problems

- **Conduct problems**: violating age-appropriate social norms and rules
  - **Aggression**:
    - bullying/intimidating, fighting, using weapons/harming, physical cruelty to animals or people, mugging/robbery, sexual assault, arson, deliberate property destruction.
  - **Deceitfulness/theft**:
    - breaking & entering, lying/conning, theft, forgery
  - **Rule violations**:
    - breaking curfew, running away, truant from school

- When is it **Conduct Disorder**?
  - Repetitive, persistent pattern (3+ symptoms lasting a year or more)
Children with severe behavior problems often also struggle with...

- Other problems areas:
  - school/academic
  - parent-child relationships
  - peer relationships (rejection, neglect)
  - sleep problems
  - mood disorders/depression
  - substance abuse...
What causes child behavior problems?

No single cause. *Combination of risk factors...*

- **Genes**
- **Temperament**
  - reactive/fussy, or low emotional arousal
- **Self-regulation difficulties**
  - normal or delayed maturation, ADHD
- **Beliefs (automatic thoughts)**
  - Hostile attributions: “Others are trying to hurt me.”
  - Expect rewards: “Acting out gets me what I want.”
- **Parenting style**
  - harsh, inflexible, cold, inconsistent, low monitoring/supervision
- **Parent mental health issues**
  - depression, antisociality, substance abuse
- **Peer issues**
  - rejection, peer deviancy training - older youth
- **Academic problems**
- **Poverty**
  - family stress, lack of neighborhood/community resources...
Parenting (caregiving) is powerful…

- Misbehavior is largely learned.
- Nothing *physically* wrong with child or parent. Most parents love their kids.
- Yet
  - Well-meaning parents can accidentally *teach* child misbehavior!
  - Otherwise-reasonable adults can find themselves screaming & shouting when they become parents.
- The parent teaches the child & child teaches the parent how to behave!
  - Often not on purpose. Unintentional…
Parenting (caregiving) is powerful...

- How do we teach and learn?
  - **Reinforcement**: rewards that make a behavior more likely to happen again.
    - Rewards can be:
      - **Tangible**: physical things like treats, money, stickers, toys, screen time.
      - **Non-tangible**: attention, interest, affection, feedback.
        - *These are very powerful!
          - eye contact, ‘thanks!’, smiles 😊, hugs, high-fives, praise, social media “likes”

- **Observation**
  - role-modeling (“Actions can speak louder than words”)...
The Coercive Cycle: *Reinforcement gone wrong!*

A common pattern of teaching & learning misbehavior...
- Parent issues command “Please go get ready for bed.”
- Child ignores or refuses “Not yet.”
- Parent escalates yells, threatens, criticizes
- Child complies → **reinforces** parent’s escalating harshness

Or...
- Child escalates tantrums; screams “No!”
- Parent backs down/gives in → **reinforces** child’s tantrum
- Child stops tantrum → **reinforces** parent’s giving in (acquiescence)

The cycle can continue, increasing parent & child misbehavior over time...
What about corporal (physical) punishment?

- Punishment intended to cause **physical** pain
  - Spanking, slapping, smacking, whooping, paddling
- 59 countries have banned it
  - Concerns: child rights & impacts
- USA: still legal. Many believe it works.
- What does the research show?
  - Only *briefly* stops misbehavior. Long-term: *Increases* child aggression & *reduces* obedience
  - Linked to child depression, anxiety; fear confusion, resentment, humiliation, anger
  - Done in name of “discipline,” yet... often inconsistent, by angry, stressed, tired caregivers
    - Can easily turn into physical abuse
- **American Academy of Pediatrics** (AAP) “Parents, other caregivers, and adults interacting with children and adolescents should not use corporal punishment (including hitting and spanking)”...
What about punishment in general?

- **Punishment**: an aversive (unpleasant, painful) consequence for an action that makes it less likely in the future
  - yelling/screaming, scolding, reprimanding, lecturing, adding chores...
  - Effect on behavior is **temporary**
  - Some children are insensitive to punishment
  - Not as effective as **reinforcement** (rewards) for shaping behavior
  - Can have negative emotional impacts on child. 
    “The carrot is mightier than the stick”...

"Motivation" 
What are you going to use, a carrot or a stick?
What *does* work to help kids behave?

Parent management training (PMT)
- A form of cognitive-behavioral therapy (CBT).
- Teaches caregivers *positive reinforcement* methods for improving children's behavior problems.
- Helps reduce child misbehavior, increase desirable behaviors.
- Helps improve caregiver confidence and reduce distress.
- Parent-Child Interaction Therapy (PCIT), Incredible Years, Positive parenting program (Triple P) PMT-Oregon model (PMTO).
- Teaches caregivers *positive reinforcement* methods for improving children's behavior problems...
Reward the behavior you want to see!

• Reward desired behavior. How?
  • Give **attention**: Catch the child doing **good**!
  • Give **labeled praise**:
    • **Great job... saying please/thank you!**
    • **I like how you’re getting your homework done!**
    • **Thank you for helping clean up! using nice words! for staying calm!**
    • **Nice work listening! staying in your seat! following directions! using an inside voice! ...**
Ignore mild misbehavior

• Ignore mild misbehavior:
  • complaining, whining, screaming, tantrums, cursing, banging toys, refusing to share, crying when not hurt, throwing things...
  • If nobody is in harm’s way, it can be ignored.
  • Don’t reward with attention (don’t react, make eye contact, punish, nag/natter)
  • Do: look away, move away, reinforce once behavior turns around.

• Can’t ignore: dangerous, destructive, aggressive behavior, or refusal to comply with a specific instruction.

• What to do then? Time out:
  • Time outs can be tricky. Sometimes requires coaching by therapist.
  • Issued by parent in the context of a supportive, positive caregiver-child relationship, with safe, consistent, predictable limits & consequences.
  • For a helpful source on doing safe, effective time outs, see: https://www.cdc.gov/parents/essentials/timeout/index.html
  • For older children/teens: instead of time out, use loss of privileges (e.g., dessert, screen time).
  • Emphasize rewards (attention, labeled praise, or privilege) positive behaviors.
Prevention strategies

• An ounce of prevention...
  Expect, anticipate, and plan for challenging situations
  • Children are consistent. What sets yours off? Identify their triggers!
  • Plan ahead so child is less likely to be:
    • **Bored**: bring engaging toys, books, activities
    • **Tired**: consistent bedtime & routine, no screens, lights out, quiet, dark, safe/comforting room
    • **Hungry**: plan meals, bring snacks & water
    • **Tempted**: avoiding certain stores/aisles, remove distractions/temptations (no screens in bedroom), dish food to eat first, etc.
    • **Surprised/frustrated**: give “1 minute warning” to help child transition activities...
Effective parenting strategies (summary)

1. Provide positive attention
2. Give effective instructions
3. Praise your child’s effort
4. Establish rewards
5. Use consistent consequences
Resources: Where to find help

- Center for Youth Development & Intervention: www.cydi.ua.edu
  - FAST clinical trial: For 6-11 year-olds who struggle with low empathy and lack of concern for consequences email: fastclinicaltrial@ua.edu or call Kalyn Prothro at 205-348-2472
- University of Alabama Psychology Clinic: (205) 348-5000
- Helpful online resources: child behavior, emotions, therapy:
  - https://infoaboutkids.org/
  - https://effectivechildtherapy.org/

National hotlines: Available 24/7, free, confidential, referrals
- National Suicide Prevention Hotline: 1-800-273-8255
- National Domestic Violence Hotline: 1-800-799-7233
- National Child Abuse Hotline: 1-800-422-4453
- National Substance Abuse SAMHSA Helpline: 1-800-662-4357
- If you or someone you know are in immediate danger, call 911.

Recommended books:
Thank you!