



What Do Pediatricians Advise About Discipline?

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Discipline is a key topic of concern for everyone who cares about children. Parents are their child's first teachers, and discipline begins almost at birth. The way parents treat their babies teaches even very young children. Since parents want to do a good job, they often talk about discipline with relatives, friends, caregivers, and their child's doctors.

Pediatric experts suggest that parents try to *catch their children being good* and ignore minor misbehavior. A smile, a hug, or words of approval are powerful reinforcements for children to learn and repeat a desired behavior. Many parents and some caregivers confuse discipline with punishment, but punishment plays a small role in an effective discipline strategy.

Discipline means *teaching*, and it refers to the whole set of rules and expectations that parents use to teach their children how to behave. Punishment teaches children how they should not behave, but it does not help them learn what parents expect.

Children need to learn a set of rules for the family, group, community,

and society in which they live. Discipline teaches children these rules. Parents begin their teaching by organizing their children's activities to match their view of the child's and the family's needs. Eating schedules, wake-up and bedtime routines, dressing, transportation to child care, and separations at the child care site are among the many ways that parents adjust their children's behavior. For most of these routines, children learn best when the adults' expectations are consistent over time.

Generally, pediatricians advise parents that supportive techniques of positive discipline work better than punishment in teaching children desirable behavior. One of these positive techniques is modeling. Children do what they see their caregivers do.

Another effective technique is redirecting children away from the undesired and toward more acceptable behavior. Redirection works best when the caregiver offers specific reinforcement when the child behaves well.

All positive techniques require that parents and other caregivers: (a) specify clearly what behavior the parent expects and appreciates;

(b) notice desired behavior when it occurs; and (c) remark on the desired behavior specifically.

Punishment is a part of any system of discipline, but pediatricians recommend reserving it for situations when children intentionally do something that they *know* is unacceptable. Punishment should be an appropriate consequence. The best kind of consequence is something that follows logically from the child's actions. For example, if the child scribbles on the wall, the child can lose the use of the crayons for the next day, and the child should help clean the wall. If the child throws his food down from the table, the supervising adult can end the meal and remove the child from the table.

Pediatricians discourage spanking or hitting children, although more than half report having spanked or hit their own children at some time. Hitting children teaches them that hitting is a way to express disapproval and to resolve conflict. Children who have been hit by adults are more likely to be aggressive towards adults and other children and to use hitting as discipline when they grow up and become parents themselves. Hitting teaches that you can exert control over

people if you are bigger and stronger than they are.

In April 1998, the American Academy of Pediatrics published a policy statement on "Guidance for Effective Discipline." This statement examined research on how physical punishment affects behavior. The conclusion and recommendations suggest that pediatricians should advise families to find forms of punishment other than spanking. This statement advises "a comprehensive approach that includes consideration of the parent-child relationship, reinforcement of desired behaviors, and consequences for negative behaviors." The statement continues, "Corporal punishment is of limited effectiveness and has potentially deleterious side effects." The recommendations in the policy statement of the American Academy of Pediatrics provide a strong foundation for pediatricians and early child care and education professionals to work together with parents for more effective discipline.

Repeated threats of punishment are not effective. Whatever kind of punishment parents and caregivers choose to use, they must use it every time the behavior occurs, and not repeatedly warn the child or threaten punishment if the behavior continues. Practicing the same approaches to discipline at home and in a child care setting will help children to learn what kinds of behaviors all their caregivers expect and appreciate. Consistency teaches children which rules are essential because they are the same in different settings.

Pediatricians and family members have many opportunities to discuss discipline. The agenda for each pediatric office visit is so filled with other issues that many parents don't bring up discipline questions

at all, or wait until the last moment to ask them. Discussing discipline takes time, and pediatricians may not ask parents about discipline strategies if the parents don't bring up questions in this area. Caregivers can support parents by suggesting that they write down their questions before the pediatric visit and that they give these questions to the doctor at the beginning of the visit.

Long discussions with the child's pediatrician may be more effective when the child is not present. Many doctors will schedule separate or extended visits for these discussions. The doctor may ask what types of disciplinary strategies have been tried already, what has worked and what has not worked, and what advice parents have received from others. The doctor needs to get honest feedback from parents and other caregivers. If the doctor recommends an approach that parents or other caregivers find unacceptable, the doctor's advice will be useless.

When parents are having difficulty choosing disciplinary strategies, sometimes doctors and teachers can help focus the issues. Start by asking parents what approaches they think work best for their children, and what type of discipline they remember from their own childhood. Sometimes, parents have had experiences themselves that they don't want to replicate. Other times, parents or other family members disagree about what are the most effective forms of discipline, and this conflict results in inconsistent and ineffective discipline from the child's perspective.

Complete consistency is impossible, but children respond best when there is as much consistency as possible. Even when there are big differences among the caregivers in the child's life, most children can adapt as long as one adult at a time

sets the rules in a given setting. If the adults are disagreeing while trying to teach the child how to behave, the child won't know what to do, or whom to please.

When the usual methods of discipline don't seem to be working for parents and other caregivers, just as with any other problem, it is time to get help from someone with specialized expertise. The pediatric departments of most medical schools employ pediatricians who specialize in developmental-behavioral pediatrics. Some child psychiatrists and some child psychologists are skilled in working with young children, but many are not. Finding someone who can help with difficult behavior problems may take time. For some behavior problems, waiting for the child to *grow out of it* may work, but the wait may be long and very stressful for families. Children will keep on bringing up their problematic behaviors until someone understands their meaning and finds a good solution.

Educators and health professionals can work together to help children learn and abide by rules that make sense. When parents, caregivers, and the child's health professionals collaborate to develop strategies for discipline, few behavioral problems will remain unsolved.

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