May 21st 2024 Webinar: Disruptive Behavior 2 – Effective Discipline

Oregon Pediatric Improvement Partnership (OPIP) Learning Collaborative for Integrated Behavioral Health in Primary Care: Strategies and Tools to Provide Issue Focused Interventions Addressing **Social Emotional Health in Young Children (Birth to Five)**

While We Wait to Let Everyone In

PLEASE UPDATE YOUR NAME IN ZOOM TO INCLUDE:

- **FIRST AND LAST NAME**

- **INITIALS of the PRIMARY CARE PRACTICE IN WHICH YOU WORK**

NOTICE OF RECORDING

- *We will be recording this overview webinar for those attendees who registered but could not attend*

Agenda

o Follow-Up to April Webinar Input **Received on a List Serv** for for Integrated Behavioral Health in Primary Care

o Topic Specific Focus for Today: Disruptive Behavior 2 – Effective Discipline

o Case Consultation on Implementing These Strategies: Participant Share Examples and Obtain Feedback

o Looking forward to June 2024

Reminder: Goals for 2024 Integrated Behavioral Health Learning Collaborative and Learning Community

1. **Provide specific tools and strategies that can be used to address common social-emotional issues identified in young children**
   - 3rd Tuesday of the Month Learning Webinars

2. **Provide Case Consultation Support As You Implement These Strategies**
   - 1st Tuesday of the Month: Optional
   - Opportunity for you to come to Dr. Riley with specific cases you want consultation on approaches.
   - Attendees also welcome to come and listen to learn

3. **In-Person Learning Session** and Sharing Time for this Learning Community**
   - October 15th: *Tentative time:* 8AM-1 PM

– **On the April Call, we asked if it would be valuable to develop an optional LIstServ that could support this community to ask each other questions and get input from each other in order to further support this community.**
– **We heard feedback that it WOULD be helpful so we will be launching this optional opportunity.**

- OPIP will be hosting listserv that will allow you to ask each other and OPIP staff questions and to share information.

- Name of the listserv will be IBHListserv@ohsu.edu

- It is OPTIONAL for you to opt in to be on this ListServ

- After the Call:
  o You will receive an email from opip@ohsu.edu with a link to sign up or you can access it with this QR link on the right.
  o Fill out the survey to sign up.
  o You will sign an attestation to not share PHI on the Listserv

What is Effective Discipline?

- "Discipline" is the process, but it's also the goal

- Helps children learn to follow rules, inhibit impulses, and develop moral values consistent with social mores

- Successful discipline improves behavior *over time*

- Part of an overall effective parenting style
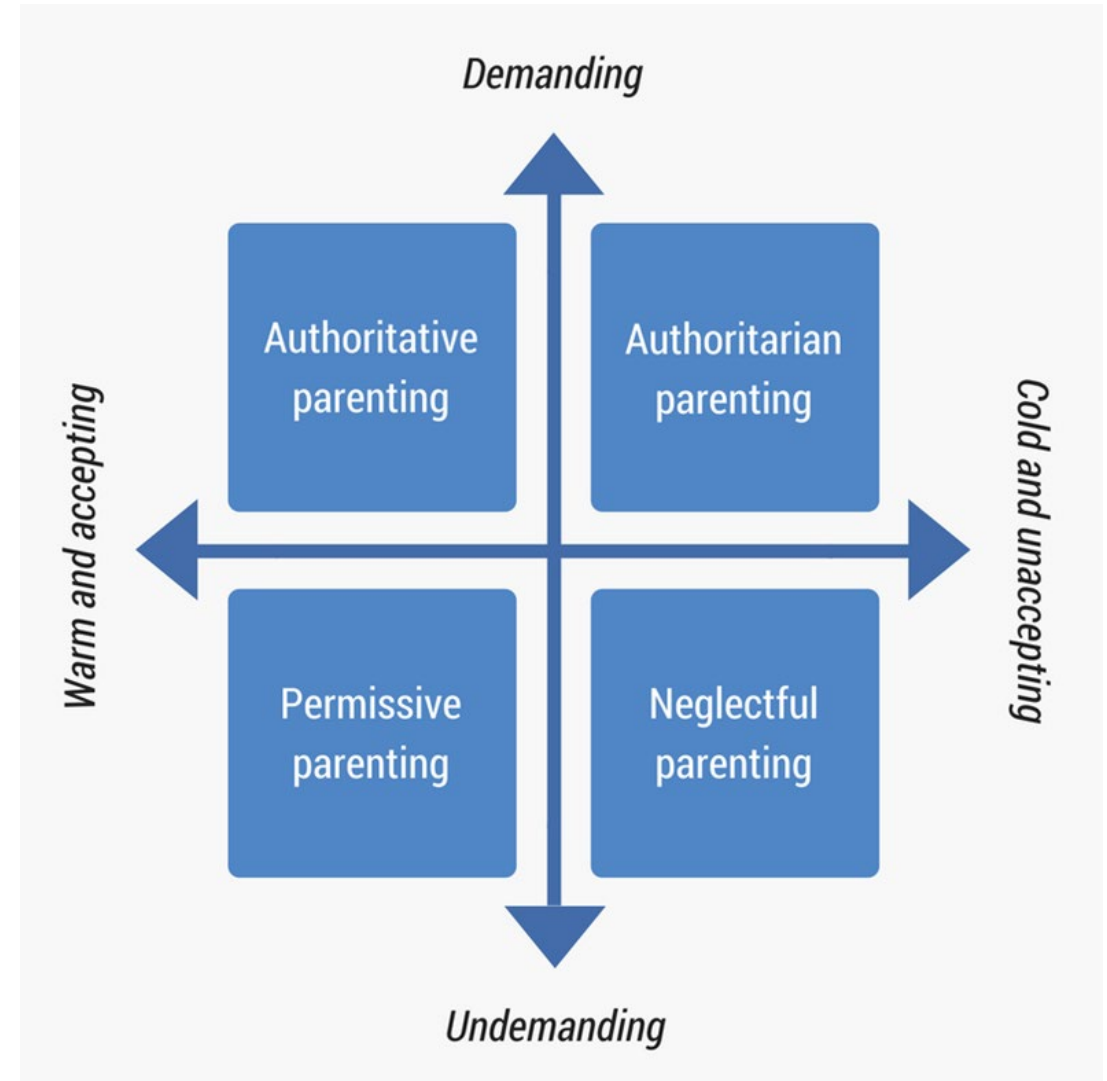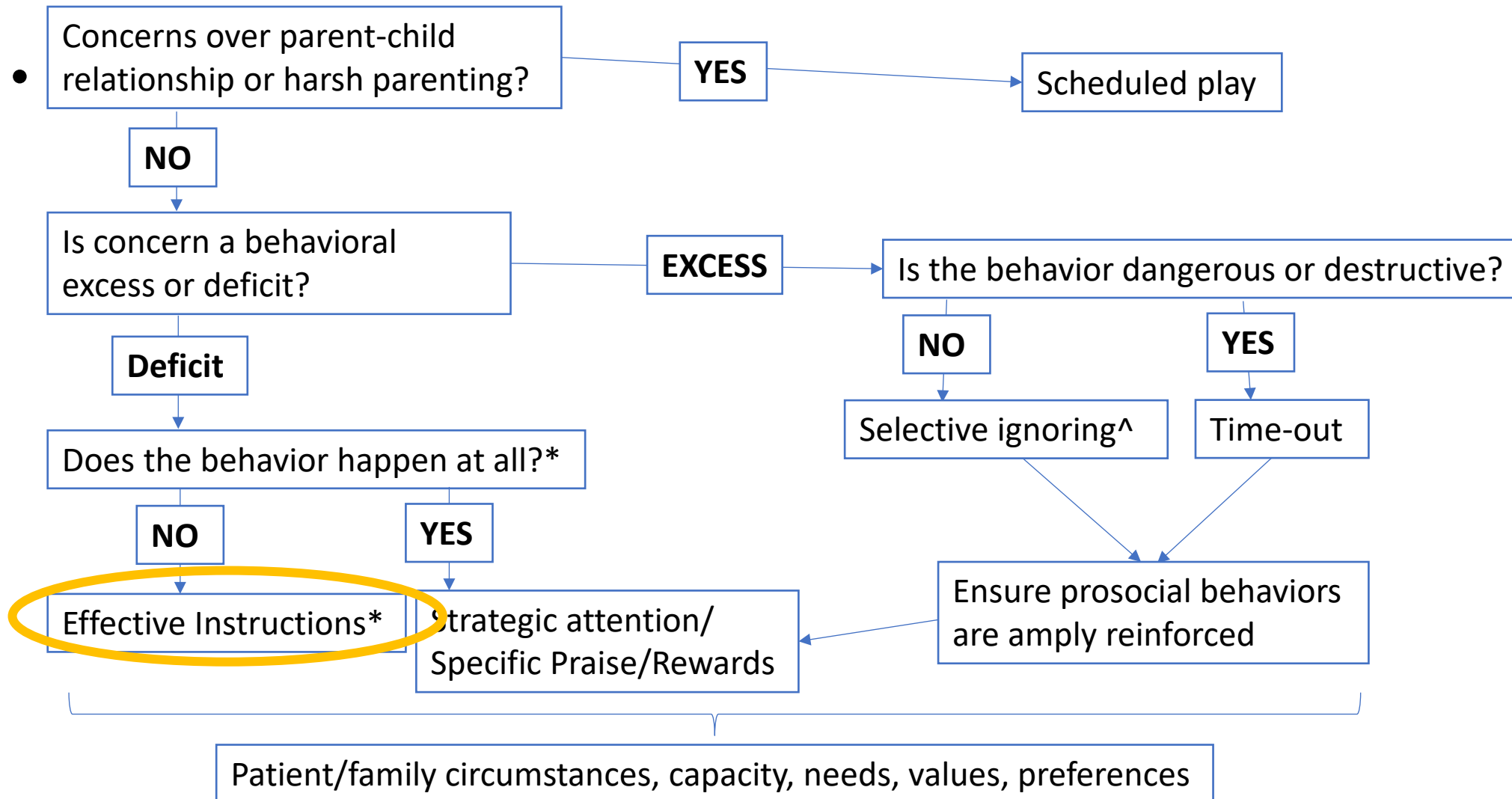
"Understanding" ≠ Learning

- Young children learn best through direct experience
- Consequence of actions are the most powerful teacher
- Consider:
  - Teaching a child to play piano or ride a bike
  - Adult health behaviors

Decision Framework for Selecting Common Elements

- Concerns over parent-child relationship or harsh parenting? → **YES** → Scheduled play

NO

↓

Is concern a behavioral excess or deficit? → **EXCESS** → Is the behavior dangerous or destructive?

Deficit

↓

Does the behavior happen at all?*

NO → Effective Instructions*

YES → Strategic attention/ Specific Praise/Rewards

Is the behavior dangerous or destructive?

NO → Selective ignoring^

YES → Time-out

Selective ignoring^ / Time-out → Ensure prosocial behaviors are amply reinforced → Strategic attention/ Specific Praise/Rewards

Patient/family circumstances, capacity, needs, values, preferences

*May be approximation of terminal goal behavior; ^Consider tolerability of extinction burst

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- *See: Giving Great Instructions handout and video*
- When to use
  - Child struggles to follow instructions
  - Parent expects child to "know" how to behave
  - Observe parent giving suboptimal instructions
  - Eliciting prosocial behaviors, particularly "positive opposites" of misbehavior (i.e., targets for reinforcement)
  - Novel circumstances when expectations are unclear to child
- Create developmentally-appropriate signals to clearly communicate expectations (*Don't Make Them Guess)*
- Differentiate instructions from other forms of talking
- Help parents figure out what they want (as opposed to what they don't want)

Suboptimal vs Optimal Instructions

1. Yelling across the house
2. Are you ready to pick up?
3. Don't do that
4. Behave yourself
5. Sing-songy or harsh
6. Take listening for granted

1. Secure Attention (eye contact)
2. Direct (no questions)
3. Positively Stated
4. Specific
5. Polite but Firm
6. Praise Compliance

Okay, are you ready to start taking care of these toys so we can get your backpack ready and you can go home? We have to pick up your sister on the way and stop at the store.

→

Please pick up this car and put it in the box.

Evidence for Effective Instructions

- Common component of different empirically supported treatment packages (Garland et al. 2008)

- Evidence as stand-alone treatment across settings and developmental levels (Benoit et al. 2001; Everett et al. 2005; Ford et al. 2001; Mandal et al. 2000)

- Individual components matter (Everett et al. 2005; Stephenson & Hanley, 2010)

- Can be taught quickly (Riley et al. 2016)
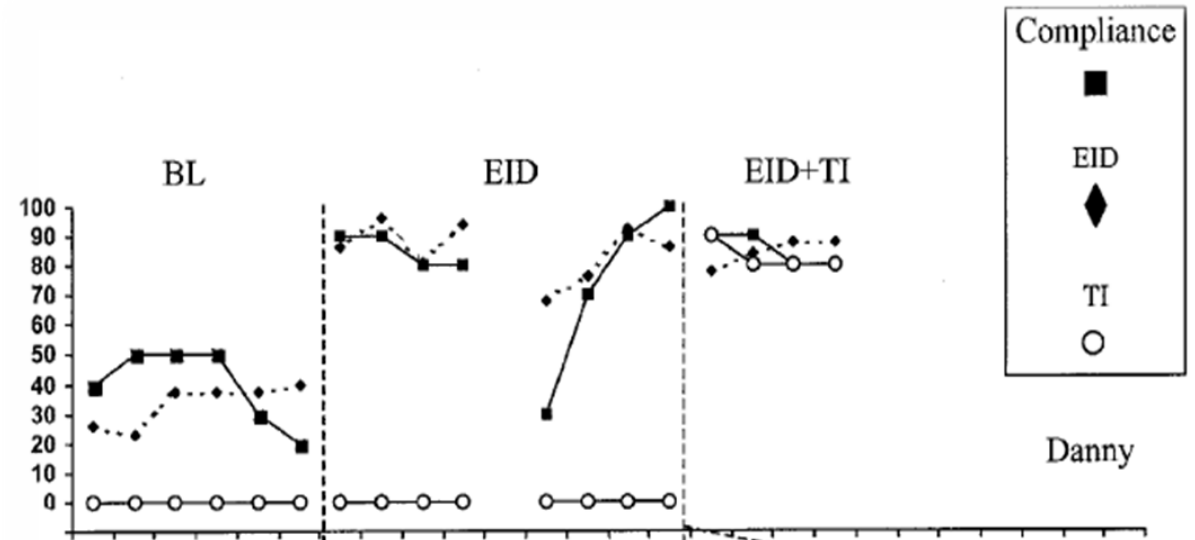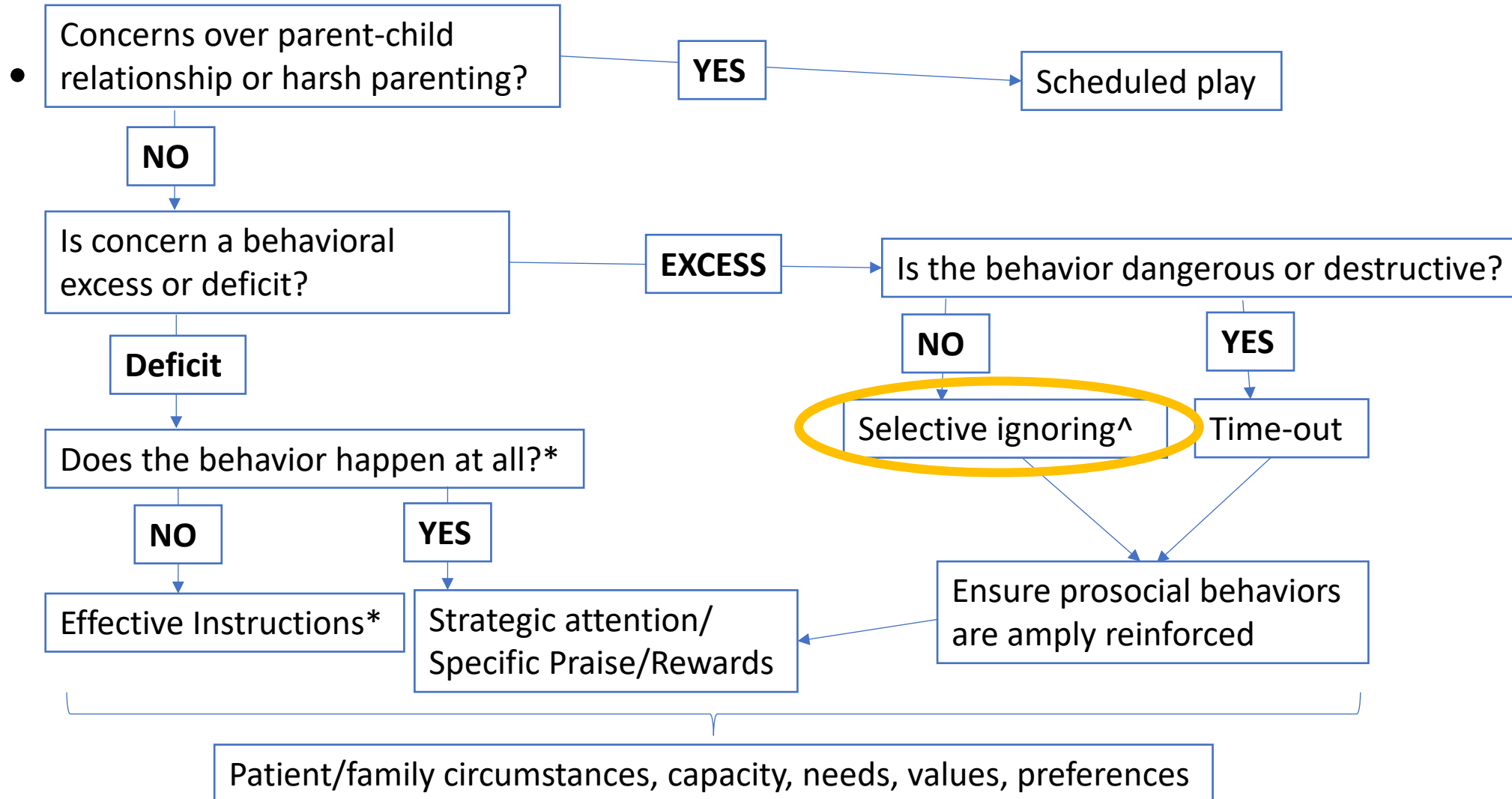
Advanced Application: 3-Step Prompting

- Step 1 – Verbal Instruction
  - Wait 10 seconds for compliance
  - Compliance -> Praise
  - No compliance -> Step 2
  - Don't repeat the Instruction a second time
- Step 2 – Model or Gesture (+ Verbal)
  - Wait 10 seconds for compliance
  - Compliance -> Praise
  - No compliance -> Step 2
  - Don't repeat the prompt a second time
- Step 3 – Physical Guidance (+ Verbal)
  - Use whatever level of prompt is necessary for success
  - Match level of praise to skill-level
  - Start over for practice

OPIP

- Instructions without consequences are only suggestions

- Instruction should signal an *opportunity for reinforcement* so contingent praise/approval/attention is important

- Consider initially focusing on "high-probability" instructions to achieve a good level of success and maximize positive reinforcement
  - *Errorless Compliance Training* – Effective approach with no corrective procedures
  - *Chunking* – Break larger tasks into smaller steps
  - *Behavioral Momentum* – Start with something high probability (e.g., "Give me five!") then work up to harder task

Decision Framework for Selecting Common Elements

Concerns over parent-child relationship or harsh parenting?

YES → Scheduled play

NO ↓

Is concern a behavioral excess or deficit?

EXCESS → Is the behavior dangerous or destructive?

NO ↓ Selective ignoring^

YES ↓ Time-out

Deficit ↓

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Ensure prosocial behaviors are amply reinforced

Patient/family circumstances, capacity, needs, values, preferences

*May be approximation of terminal goal behavior; ^Consider tolerability of extinction burst

Selective Ignoring

- *See: Pay Attention, So Attention Pays Off handout and video*
- When to use
    - *Annoying and Obnoxious* behavior (e.g., tantrums, yelling, whining, excessive crying, hyperactivity, etc.)
    - Parents who do a lot of reprimanding or have emotional reactions to misbehavior
- Goals
    - Limit attention for inappropriate behavior to avoid inadvertent positive reinforcement
    - Create contrast with praise and attention for appropriate behavior

Selective Ignoring (and strategic attention)

- Most people are generally familiar with this idea, so it's nice to have some unique ways of describing it. Some options:
  - Negative attention is like fast food. You'd probably rather have a well-cooked meal, but it'll do when you have a craving. And, if you have it too often, you might develop an appetite for it.
  - Behavioral Keys: Kids are trying to unlock your attention. It's up to you to make sure they find the right key.
  - Kansas vs Oz: When kids are behaving well, life should be like Oz (stimulating, interesting); when they aren't is should be like Kansas (boring).
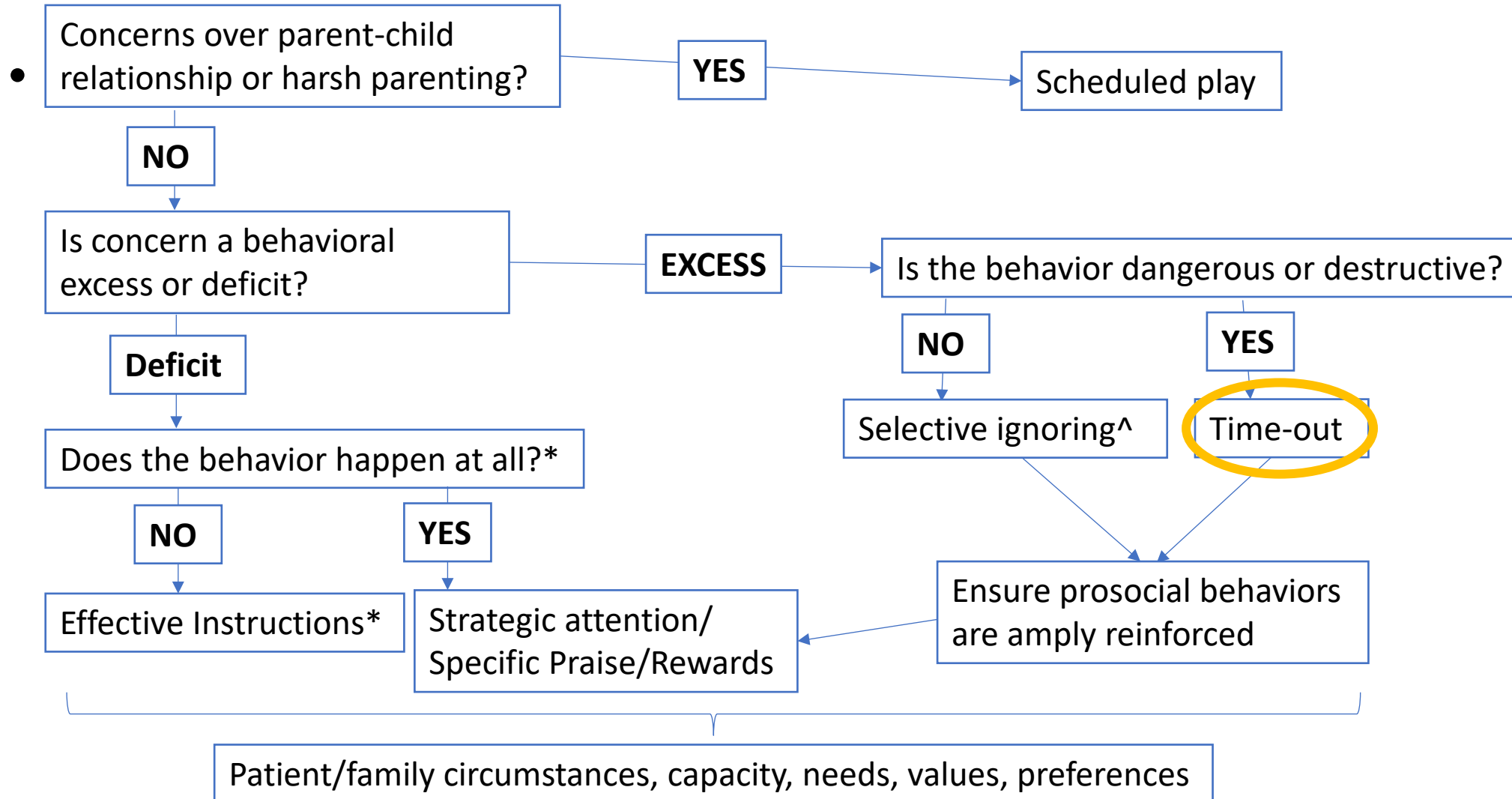
Notes on Ignoring

- Ignore behaviors, not children
  - It is possible to be physically and emotionally present while ignoring misbehavior
- Ignoring maybe be passive or active
  - Passive – Acting as if the behavior didn't happen
  - Active – Withdrawing attention (e.g., turning away)
- Depending on history, ignoring may result in a significant extinction burst
  - To be effective, ignoring must continue. Consider tolerability.
  - If ignoring is untenable, redirecting to a more appropriate behavior via effective instructions is a great 2nd option.

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- *See: Tips on Time-out handout and video*
- When to use
  - Dangerous & Destructive behavior (e.g., aggression, destruction, unsafe behavior, persistent noncompliance)
  - Parents who use corporal punishment or other harsh methods
- Goals
  - Teach or refine time-out procedures to make them more effective by maximizing contrast
    - Many have tried "time-out" and found it doesn't work (in our study 85% reporting something that makes time-out less effective
  - Time-out isn't a single technique, it's a concept: *Time-out from opportunity for positive reinforcement (time-In)*
    - Make things as boring and non-responsive as possible, as quickly as possible once misbehavior occurs
  - Create "2 Kinds of Nothing"

Nothing going on
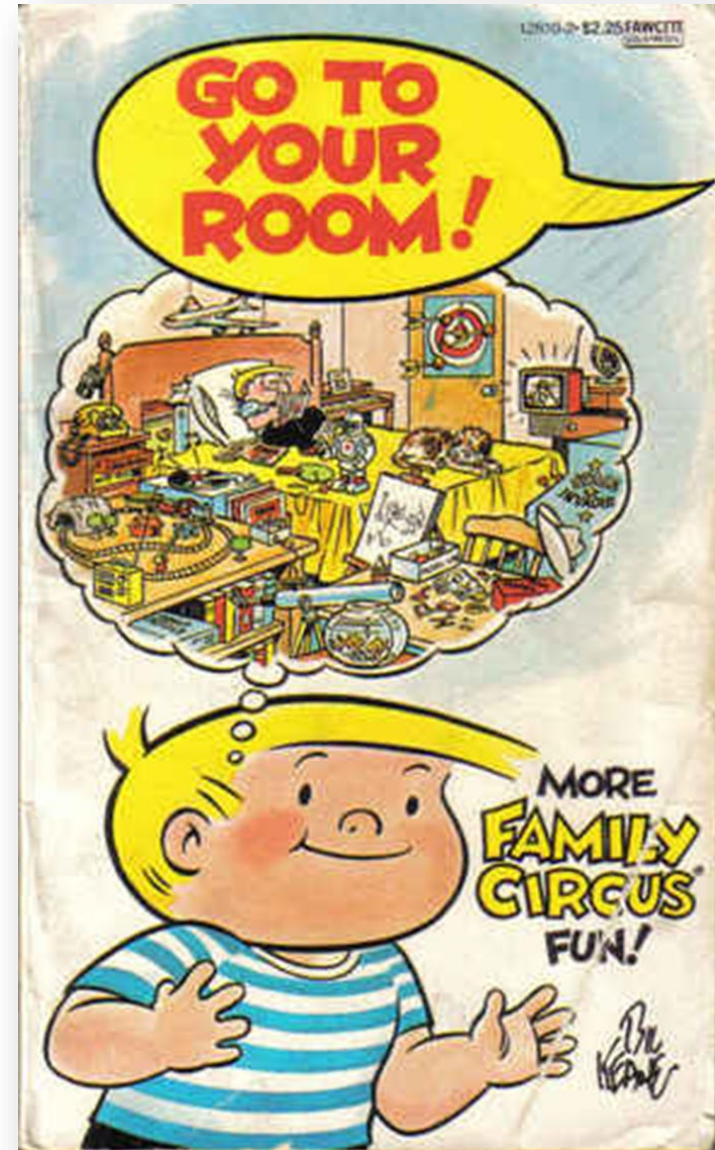
Nothing going on
Nothing they can do about it

Prototype Time-Out

- When to do Time-Out (TO)
  - Immediately after misbehavior
- Where to do TO
  - Quiet corners/wall spaces, hallways, bottom steps of stairwells, or dining tables often work well
  - Adult size chair or other physically defined space is useful (e.g., small rug or towel)
  - Toddlers can often just be turned away from their parent on the floor or placed in playpen
- Beginning TO
  - Single, brief, unemotional warning (e.g., "You're not listening. If you don't do what I say, that's timeout").
  - Quickly label the misbehavior (e.g., "No hitting, that's time-out").
  - Send or escort the child to the TO area with as little interaction as possible.
- During TO
  - Restrict access to any activities, objects, or attention.
  - Ignore anything the child as long as he or she remains safe and in the TO area.
- Ending TO
  - 2 minutes is usually sufficient for preschool ages and 30 seconds may be sufficient for toddlers
  - Require a short period (10-15 seconds) of calm before ending the TO.
  - Signal the end of the TO with a *brief* explanation (e.g., "You're being calm, so time-out is over. You were in time-out because you hit").
  - If the TO was given for noncompliance, reissue the initial instruction.
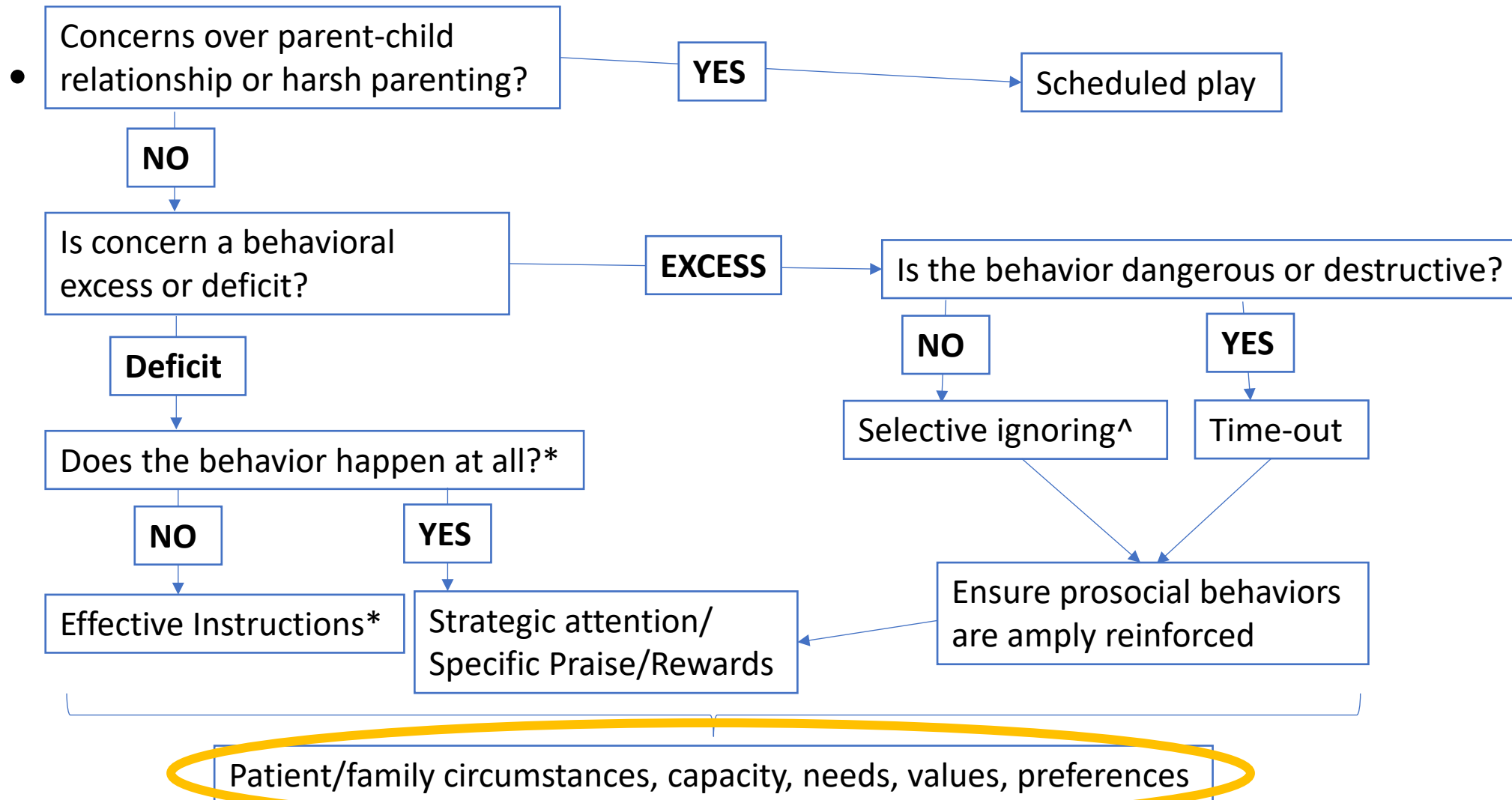 - Praise appropriate behavior as soon as possible.

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We Tried that and it Didn't Work!

- Is there sufficient positive reinforcement (time-in) in place?
- Is there something going on?
- Is there something he/she can do about it?
  - Escape from TO is most likely reason for ineffectiveness
    - Shorter TO interval to start
    - Back-up space
    - Deferred TO
    - Persistence

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Looking Forward

Month	Topic-Focused Webinars & Person-Specific Registration Links (Third Tuesday of the Month)	OPTIONAL Office Hours & Zoom Links (First Tuesday of the Month)
June	6/18/24: 12-1pm | Early Childhood Anxiety | Registration Link: https://us06web.zoom.us/meeting/register/tZYod-irrDsiHdBHag1_JWuOfNM4v9BaKkCq	6/4/24: 12-12:30pm | Zoom Link: https://us06web.zoom.us/j/89365465702
July	7/16/24: 12-1pm | Enhancing Communication & Coordination with Medical Teams with Dr. Cody Hostutler | Registration Link: https://us06web.zoom.us/meeting/register/tZAqf-2tqT0rE9c0arq-WwxBgHiKo_h6evuO	7/2/24: 12-12:30pm | Zoom Link: https://us06web.zoom.us/j/89365465702
August	8/20/24: 12-1pm |Early Childhood Sleep with Dr. Ariel Williamson | Registration Link: https://us06web.zoom.us/meeting/register/tZIvd-2vrz8uG9UMG1rcbGG09AsDQVT8kGnk	8/6/24: 12-12:30pm | Zoom Link: https://us06web.zoom.us/j/89365465702
September	9/17/24: 12-1pm | Toilet Training and Elimination Problems | Registration Link: https://us06web.zoom.us/meeting/register/tZYtcu6grD4jEtdlocRXNNzoAnJVImOGoNLp	9/3/24: 12-12:30pm | Zoom Link: https://us06web.zoom.us/j/89365465702
October	10/15/24: In-Person Learning Session 8:00am-12:00, Optional Lunch from 12-1 | Registration Link: https://www.eventbrite.com/e/integrated-behavioral-health-learning-collaborative-fall-learning-session-tickets-866680172727?aff=oddtdtcreator	
November	11/19/24: 12-1pm | Culturally-Informed Motivational Interviewing with Dr. Rachel Herbst | Registration Link: https://us06web.zoom.us/meeting/register/tZEuduiqpjosGNCw1rOcTgbUvM5bm4mv7Th4	11/5/24: 12-12:30pm | Zoom Link: https://us06web.zoom.us/j/89365465702
December	12/17/24: 12-1pm | Incorporating Trauma-Informed Principles into IBH with Dr. Kim Burkhart | Registration Link: https://us06web.zoom.us/meeting/register/tZcuceGoqjwpH9Iiz8bWB91uBhtxGIIA1l0A	12/3/24: 12-12:30pm | Zoom Link: https://us06web.zoom.us/j/89365465702