

# Positive Discipline for Troubled Kids

(at home, school, and hospital )

Copyright UHS 2012; All Rights Reserved

Larry Fisher, Ph.D.

UHS Neurobehavioral Systems

# Meridell Achievement Center

- Located on a 63-acre ranch in Liberty Hill (northwest of Austin), Meridell is a 134 bed, co-ed, neuropsychiatric hospital for troubled children (5-11) and adolescents (12-17).
- The medical staff includes 5 Child and Adolescent Psychiatrists, a Neuropsychiatrist, a Pediatric Neurologist, a large number of Nurses and Therapists, and a Neuropsychologist.

# What is Neuropsychiatry?

- Psychiatry & Neuropsychiatry both treat maladaptive behavior.
- Neuropsychiatry is for maladaptive behavior that is mostly impulsive, out of control, not planned or for a purpose.
- It assumes there are brain issues & cognitive deficits that require a somewhat different approach.

# A Brain Issue?

- Not a severe or progressive brain disease, just a mild brain problem affecting two functions:
  - 1) Frontal lobe - impulse control: child is more impulsive, less able to inhibit behaviors.
  - 2) Limbic system - emotion control: child is more emotional, irritable, moody, and may show impulsive aggression, or explosive outbursts.

# Isn't Aggression Learned?

- There are two basic types of aggression, only one of which is learned.
- Proactive Type (premeditated, planned, done for a purpose, in-control, unemotional) which is learned and may be due to poor parenting.
- Reactive Type (impulsive, irritable, short temper, full of emotion, explosive, out-of-control) which is not learned but due to brain issues.

# Parents Unjustly Blamed

- Neuropsychiatry program at Meridell is for those children who show primarily reactive aggression (too much emotion, too little control)
- This is not due to poor parenting, although most doctors, therapists, teachers, neighbors, and relatives may blame the parents.
- It is caused by a brain issue, not by parents, but punitive parenting styles can make it worse.

# What is different at Meridell?

- Assessment (of brain function)
  - Neuropsychology tests and QEEG
- Medication (less sedating meds)
  - Top down meds (to improve frontal lobe control)
  - Bottom up meds ( to stabilize emotion brain)
- Therapy (more skill-based, cognitive-behavioral)
- Discipline (more use of Positive Discipline)

# How is treatment different?

- There is less emphasis on treating the diagnosis and more on assessing and treating the brain issues.
- Emphasis is on building strengths rather than dealing with weaknesses.
- Also, a greater emphasis on building resilience and developing coping skills.
- Lastly, we use Positive Discipline.

# What is Positive Discipline?

- The term “Discipline” is sometimes used to mean strict punishments for misbehavior
  - In fact, the term comes from 13<sup>th</sup> Century Old English (e.g., The Canterbury Tales by Chaucer)
  - “Discipline” means to teach, not to **punish**.
- Positive Discipline means use positives first
  - For troubled kids, punishments create “escape” behavior such as telling lies, or hiding misbehaviors
  - Severe punishments may be counter productive

# Positive Discipline; Step 1

- 1. **USE POSITIVE DISCIPLINE FIRST**
  - Tell them what to do
  - Not what to stop doing
  - And use eye contact to increase chances of compliance
- If they comply, praise, praise, praise
- If not, tell them again, and again, and again

# Positive Discipline: Step 2

## 2. **MILD/BRIEF CONSEQUENCES**

- Only if positive discipline fails, after several tries, do you use negative consequences
- However, only mild or brief negatives
- Do not try a “once and for all” negative
- Mild consequence is called “Response Cost”
- It costs something to be noncompliant
- Then redirect again: What to do next time

# Why not get tough?

- Because it's less effective with troubled teen
  - Severe or prolonged punishments for **troubled** kids can provoke depression, aggression, or runaway.
- Think of what we do with toddlers...
  - All toddlers misbehave...they have to learn
  - We tell them what to do, and praise compliance
  - If misbehaviors are frequent ,we use “time-out”
  - “Time-Out” is mild, brief “response cost”

# What About an Irritable Toddler?

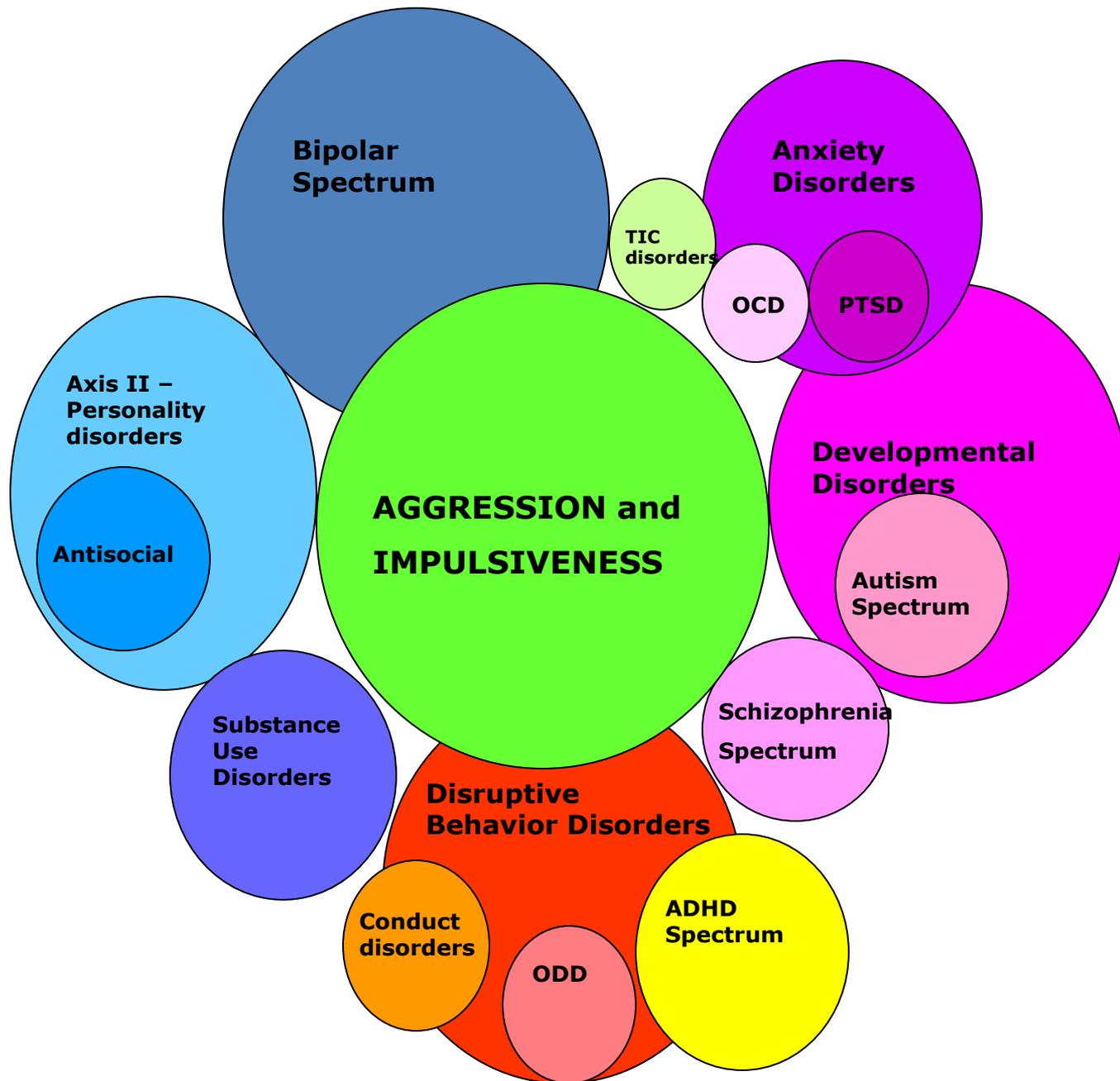
- Most good parents know the difference:
  - Misbehavior is a social learning issue
    - Praise good behavior, use “time-out” for misbehavior
  - Irritability is a mood that may cause misbehaviors
    - Find cause and fix it; do not try to punish it away
- Example:
  - Child repeatedly testing limits? Use “time-out”
  - Child is irritable? Use checklist: is child hot?, cold?, hungry?, thirsty?, wet?, dirty?, tired?, sick?

# How About Troubled Teens?

- Teens are not toddlers. We expect more self-control, more compliance. However....
- Troubled teens may be:
  - Irritable, oppositional, defiant, depressed
  - **You can't punish away irritability.**
  - But, you still can't be permissive either
- The strategy is find the problem and fix it.
- In the meantime, use Positive Discipline.

# What about **tough** love?

- Love is necessary; tough love not so much.
  - Troubled teens are often irritable, impulsive, moody
- Punishment does not improve irritability
- Punishment does not improve moodiness
- Punishment does not work for impulsive teens
  - “Impulsive” means acting without thinking about consequences (including prior punishments)



# Use Positive Discipline First?

- **YES!** The first approach should be positive
  - Tell them what to do, not what to stop doing
  - If they comply, praise them (or use some reward)
  - If they don't comply, tell them again (no threats)
  - Always get eye contact before giving directives
  - Don't scream, or threaten, just repeat directive
  - Only if non-compliant after multiple attempts
    - Then use a RESPONSE COST (e.g., mild punishment)

# What is “Response Cost”?

- Any mild or brief negative consequence
  - \$1.00 reduction in their allowance
  - Lock up their computer for one hour
  - Ground them (to the house) for 2 hours
- “Response Cost” is not so severe as to produce instant compliance; just to show displeasure
  - Positives (e.g., praise, rewards) are the major tool
  - Response Cost is just a backup tool

# Positive Behavior Contracts

- Positive “Contracts” are to motivate child
- If Child does ‘A’, parent promises ‘B’
  - Example: *“When you take your meds, you can go outside”* , or, *“When you finish your homework, you can watch TV”*
  - Encourages negotiation, avoids power struggle. Pairing wish-lists together.
  - Win-Win arrangement, for oppositional kid
- You pair your wish-list with the kid’s wish-list

# Grandma's Rule for Contracts

- Can be written or oral (keep it simple)
  - Written is better for forgetful kids
  - Grandma's rule: When you do what I want ("A") you can have or do what you want ("B").
- Contracts are voluntary
  - Child is not forced to comply (voluntary)
  - But if he/she refuses 'A', then you refuse 'B'
- Behavior comes first, then wish granted:
  - Never allow a promise; only when child has done 'A' will parent give, or allow, 'B'

# Where Does Positive Discipline Fit Into Neuropsychiatry?

- Use positive first
  - Tell ‘em what to do
  - Not what to stop
- If positives fail-
  - Mild, brief
  - Response Cost
  - Then redirect
- PRAISE compliance
- Reward compliance
- Law/order is good
  - But punishment can't be your only tool
- Love needed too
  - But it may not always be enough

If **all** you have is a **hammer**:  
Everything starts to look like a **nail**

- LAW AND ORDER?
  - Necessary, but...
  - It can't be your **only** tool

**POSITIVE DISCIPLINE:**

**80% PRAISE**

- **20% MILD CONSEQUENCES**

- **BEHAVIOR CONTRACTS**

Pair your wish-list  
with kid's wish-list....

Grandma's Rule:

When you do what I  
want, I will allow or  
do what you want.

# Who Uses Positive Discipline?

- **Parents**

- Parent training programs today use mostly positives

- **Schools**

- More and more schools are using positive discipline

- **Hospitals**

- Psychiatric
- Neuropsychiatric
- Brain Injury Centers
- Pediatric Units
- Juvenile Justice Units
- Neurological Units
- State facilities

# SUMMARY

- 21<sup>st</sup> Century Approach
  - 21<sup>st</sup> Century Discipline for Troubled Teens is changing
- POSITIVE DISCIPLINE
  - Not permissive; but also not highly punitive
  - Use positives first; then, if needed, use “Response Cost”
- POSITIVE DISCIPLINE:
  - For troubled kids, getting tough doesn’t work
  - Love is necessary, but not sufficient:
  - Consider positive Behavior Contracts
  - In 21<sup>st</sup> Century: We Use Positive Discipline (home, school, hospital)

# Books

- Positive Discipline
  - Jane Nelson
- Positive Discipline for Teenagers
  - Jane Nelson & Lynn Lott
- Your Defiant Teen: 10 Steps to Resolving Conflict and Building Relationships
  - Russell Barkley
- Positive Parenting
  - Glenn I. Latham

# Books

Coccaro, E. F. (2003). Aggression: Psychiatric Assessment and Treatment, Marcel Dekker, New York.

Coffey, C.E. & Brumback, R.A., (2006). Pediatric Neuropsychiatry, Lippincott Williams and Wilkins, Philadelphia.

Connor, D.F. (2002). Aggression and Antisocial Behavior in Children and Adolescents, The Guildford Press, New York.

# Books

Greene, R. W. (2010). The explosive child: A new approach for understanding and parenting easily frustrated, "chronically inflexible" children (Revised 4th edition). New York: HarperCollins.

Greene, R.W. (2008). Lost at School, Scribner, New York.

Greenberg, R., (2007). Bipolar Kids: Helping Your Child Find Calm in the Mood Storm. Da Capo Press/Perseus Books Group, Cambridge, MA

# References

- Chen, T., Blum, K, Matthews, D., Fisher, L., et al. (2007). Preliminary association of the TaqA1 allele of the Dopamine D2 Receptor Gene and the Dopamine Transporter (DAT1) 480 bp Allele with pathological violent behavior in adolescents. Gene Ther. Mol. Bio., Vol. 11, 93-112.
- Fisher, W., Matthews, D., Fisher, L., Williams, A., and Klein, H. (2010). Gender and memory as significant predictors of electrical abnormality in impulsively aggressive juveniles. Poster presentation at the American Neuropsychiatric Association, Mar. 19, Tampa, Fl.

# References

- Epstein, T., & Saltzman-Benaiah, J. (2010). Parenting children with disruptive behaviors: Evaluation of a Collaborative Problem Solving pilot program. *Journal of Clinical Psychology Practice*, 27-40.
- Fisher, W., Ceballos, N., Matthews, D., & Fisher, L. (2011). Event-related Potentials in Juveniles with Impulsive Aggression, a Chart-Review Study. *Psychiatry Research*, 187, 3, 409-413.
- Fisher, W., Matthews, D., Fisher, L., and Ceballos, N., (2008). Neurophysiological Correlates of Impulsive Aggression. Poster presentation at the *International Society for Research on Aggression*, Budapest, Hungary.

# References

- Fisher, W., Kroll, G., Matthews, D., and Fisher, L. (2007). Youth with Impulsive Aggression: Anticonvulsant Compliance and Outcome for 2005-2006. Abstracts of the Poster at the American Neuropsychiatric Association, Tucson, AZ, *J. Neuropsychiatry Clin Neurosci* 19: 208.
- Fisher, L. & Matthews, D. (2004). Anticonvulsant Medication for Impulsive Aggression: An Outcome Study. Abstract of the Poster at the American Neuropsychiatric Association, Bal Harbour, FL, *J. Neuropsychiatry Clin Neurosci*, 16: 215-217.

# References

Matthews, D., Fisher, W., Ceballos, N., and Fisher, L. (2009). Event Related Potentials in Juveniles with Impulsive Aggression. Abstract of the Poster at the American Neuropsychiatric Association, San Antonio, TX, *J Neuropsychiatry Clin Neurosci*, 21:2, 221.

Wetherill, R., Kroll, G., Fisher, L., and Matthews, D. (2006). Youth with Impulsive Aggression: Anticonvulsant Medication Compliance and Outcome. Abstract of the Poster at the American Neuropsychiatric Association, La Jolla, CA, *J Neuropsychiatry Clin Neurosci* 18: 252-255.

# Links

- T-MAY Maladaptive Aggression in Youth
  - [www.thereachinstitute.org/t-may-static.html](http://www.thereachinstitute.org/t-may-static.html)
- Positive Discipline
  - [www.positivediscipline.com](http://www.positivediscipline.com)
- Universal Health Services
  - [www.uhsinc.com](http://www.uhsinc.com)
- Collaborative Problem Solving
  - [www.livesinthebalance.org](http://www.livesinthebalance.org)