



# 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](http://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!

Registry:



**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.

Partnership Survey:



## 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](mailto: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](mailto: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](mailto:npowell@ua.edu)

205-348-6551

### **R15: Social Attention Study**

Research study for 11-13 year olds

[b.rad.laboratory@gmail.com](mailto:b.rad.laboratory@gmail.com)

205-348-4201

### **The FEELING Study**

Online surveys for teens in high school and their caregivers

Email [mxa3@ua.edu](mailto:mxa3@ua.edu) or visit our website at:

<https://mxa.people.ua.edu/feeling.html>



# Helping Kids Behave: Parenting Strategies for Elementary-age Child Challenges

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Development & Intervention  
(CYDI)



# Agenda

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- Discuss the nature of child misbehavior
- Offer some evidence-based parenting strategies
- Suggest additional resources



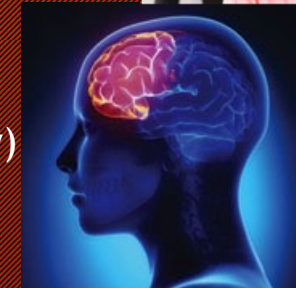


# Behave: to conduct oneself in a proper manner.

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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...

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# What are common child behavior problems?

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- 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?

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- 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)

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- 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

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- 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...

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





# What causes child behavior problems?

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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...

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- 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...

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- 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!*

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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?

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- 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)”...

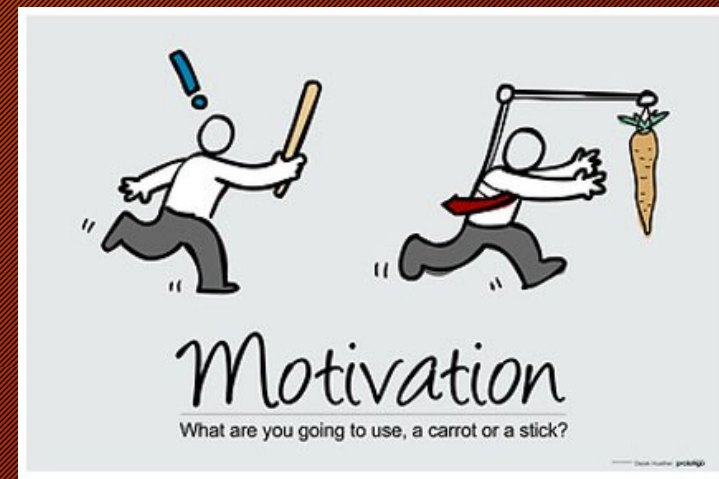




# What about punishment *in general*?

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- 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”...*





# What does work to help kids behave?

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## 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!

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- 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

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- 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

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- 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)

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# Resources: Where to find help

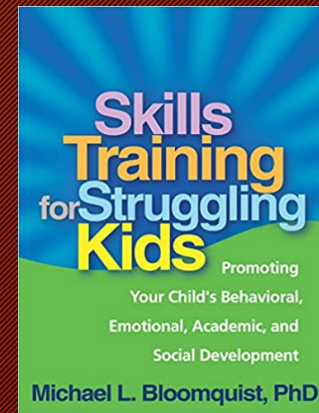
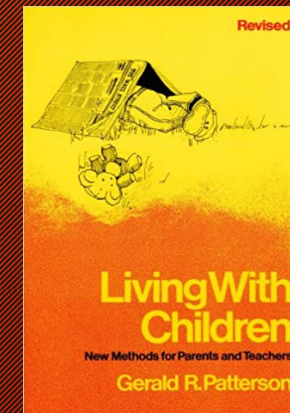


- Center for Youth Development & Intervention: [www.cydi.ua.edu](http://www.cydi.ua.edu)
  - FAST clinical trial: For 6-11 year-olds who struggle with low empathy and lack of concern for consequences email: [fastclinicaltrial@ua.edu](mailto:fastclinicaltrial@ua.edu) or call Kalyn Prothro at 205-348-2472
- 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!*

