

Childhood discipline: good, bad and ugly

It's been a long day. You've put in 10 hours at work and now you're rushing home to make dinner after picking up the kids from school. Your stress level is running high and your blood is beginning to boil as the kids refuse to stop screaming and fighting in the back of the car. You plea, yell, threaten and even try to bribe them, but nothing seems to work.

Fortunately, you're not alone. At some point in time, every parent has experienced the frustration and confusion over how to effectively discipline their young children.

To help parents in these situations, pediatric behavior specialists at the University of Michigan Health System provide some guidance on how to understand the way young children think and how to effectively discipline them, while nurturing their healthy development.

As chief of U-M Developmental Behavioral Pediatrics, Dr. Richard Solomon has met with a lot of parents facing challenges when disciplining their children.

These parenting challenges, he says, are based on three types of childhood behaviors: good, bad (behavior that breaks rules) and ugly (behavior that is annoying but doesn't break rules). Parents should pay a lot of attention to good behaviors, ignore ugly behaviors and discipline rule-breaking behaviors.

"The reason disciplining children is difficult is because they are so wonderfully defiant, which is a part of human nature," Solomon says. "And if you deal with it well, you'll channel that energy into a wonderful human being who can cope with his or her own difficulties and impulses to become a very compassionate and well-behaved adult."

But when parents don't learn how to deal with their children's difficult behavior, it can lead to other behavior problems including aggression.

START YOUNG

The key is to begin to effectively discipline a child at a very young age. However, children under the age of two typically require guidance rather than discipline, says Solomon. Most often, when young children begin to misbehave or break the rules, it's possible for a parent to distract them to show them how to behave.

"I often make the distinction for parents between childproofing the house or house-proofing the child," Solomon says. "For younger children, a childproof house keeps them out of trouble since their ability to understand cause and effect is so limited."

If a house is not childproof, parents can expect their young ones to get into a lot of mischief. A childproof house prevents parents from repeatedly saying "no," while giving the child a greater sense of independence.

However, childproofing doesn't always keep kids completely out of trouble. Often, parents will become frustrated because

WEB SITE SOURCES

- UMHS Your Child: Behavior Problems
www.med.umich.edu/libr/yourchild/behav.htm
- UMHS Your Child: Parenting
www.med.umich.edu/libr/yourchild/parent.htm
- American Academy of Pediatrics
www.aap.org
- National Parent Information Network
www.npinet.org
- Parents Anonymous INC.
www.parentsanonymous.org
- National Association for the Education of Young Children
www.naeyc.org

they need to repeatedly stop their child from behaving in a way that may result in injury. This parental frustration may be the result of frustration on the part of the child and lead to a temper tantrum.

"I tell parents that temper tantrums are completely natural and they need to be ignored as long as the child is safe," says Solomon. "Over time, the child will learn that there are certain things around the house that they can't do."

Some of the more challenging times for parents occur during their child's "terrible twos." Solomon says, "Over time, the child enjoys their child's new-found opposition to the rules and wild behavior. Solomon says it shows that the child is developing initiative and strength.

"The terrible twos," however, do present an opportunity for parents to really establish their discipline approach. Authoritative parents, those who stand up for rules that have good reasons and explain things to their child, will have a child who grows up feeling the world is a responsible place to live in.

RULES

On the other hand, there are also parents who don't have solid rules and allow their child to do whatever he or she wants. Parents that don't establish authority will typically have a child who knows very little about boundaries and may be difficult to deal with as he or she grows up.

"Then, there are always the parents with too many rules. Solomon says these parents tend to take on a more authoritarian role and give their child little explanation and reasoning behind their rules. Children in this situation will often grow up to become rigid, rule-orientated and will tend to break the rules that they don't understand. Plus, living in an authoritarian home can make a child feel angry, which can lead to aggressive behavior.

"Parents need to remember that discipline is really teaching," explains Solomon. "It's teaching the child to control the impulse and to separate it from the action, so that the child is more in control of their behavior."

To effectively discipline a child, parents must have set

rules and have reasons to back up those rules. Children need to understand the reasons behind why they can and cannot do certain things. "Because I said so" is never a good reason.

For example, if a child goes to hit another child, a parent does not need to go into detailed explanation of why that behavior is wrong.

"All a parent needs to say in this situation is, 'You don't like to be hit, so don't hit other people. Hitting hurts and people don't like to be hurt,'" says Solomon. "Most explanations are about our own punishment of the child. It's important for parents to avoid making up rules on the spot. When this happens, there is very little reasoning behind the rules and no set agreement about the rule's positive and negative consequences.

Instead, Solomon recommends that parents sit down as a family and write down a basic set of rules, the reasons for them and the positive and negative consequences for following or not following that rule.

Some of the more extreme negative consequences for breaking the rules may include time-outs. Time-outs involve a parent physically taking a child and putting them in isolation. This action sends a message to the child that this is a consequence of his behavior when he can not behave in public or around other people.

"When you're using time-out and you're moving a child away from their setting, by force if necessary, your attitude is very important," says Solomon. "It is important to say, 'I'm not doing this to hurt your feelings, I'm doing this to teach you what the rules are!'"

However, when it comes to more severe punishment, Solomon says it's surprising to find that nearly 65 percent of Americans admitted to spanking their child as a disciplinary measure.

"As a pediatrician, it's hard to say you should never spank your child," because people are spanking their children," says Solomon. "I think what is more important to emphasize is that spanking done in anger is very dangerous. It leads to anger in return and even abuse."

State data show obesity, diabetes still on the rise

The obesity and diabetes epidemics continued to escalate during 2001, according to new data released today by the Centers for Disease Control and Prevention (CDC).

In a study published in the Jan. 1, 2003, issue of the *Journal of the American Medical Association (JAMA)*, CDC reported that obesity climbed from 19.8 percent of American adults to 20.9 percent of American adults between 2000 and 2001, and diagnosed diabetes (including gestational diabetes) increased from 7.3 percent to 7.9 percent during the same one-year period. The increases were evident regardless of sex, age, race and educational status.

"Obesity and diabetes are among our top public health problems in the United States today," said Health and Human Services Secretary Tommy G. Thompson. "The good news is that diabetes and other chronic illnesses can be prevented with modest lifestyle changes. As we enter a new year, it is a great opportunity for all Americans to be active and healthy."

Currently, more than 44 million Americans are considered obese by body mass index (see note), reflecting an increase of 74 percent since 1991. During the same time frame, diabetes increased by 61 percent, reflecting the strong correlation between obesity and development of diabetes. Today an estimated 17 million people have diabetes in the United States.

Prevalence of both diagnosed diabetes and obesity varied widely among states. Mississippi had the highest rate of obesity (25.9 percent) and Colorado had the lowest (14.4 percent). Alabama had the highest rate of diagnosed diabetes (10.5 percent) and

Minnesota the lowest (5.0 percent).

"These increases are disturbing and are likely even underestimated," said CDC Director Dr. Julie L. Gerberding. "What's more important, we're seeing a number of serious health effects resulting from overweight and obesity."

The study found strong and significant associations between overweight, obesity, diabetes, high blood pressure, high cholesterol, asthma, and arthritis. Compared to adults with healthy weight (BMI values from 18.5 to 24.9), those with a body mass index of 40 or higher had an increased risk of being diagnosed with diabetes (7.37 times greater), high blood pressure (6.38 times greater), high cholesterol levels (1.88 times greater), asthma (2.72 times greater), and arthritis (4.41 times greater).

"If we continue on this same path, the results will be devastating to both the health of the nation and to our healthcare system," Gerberding said.

Other study results found that African Americans had the highest rates of both obesity (31.1 percent) and diabetes (11.2 percent) compared with other ethnic groups. People with less than a high school education had higher rates of both obesity (27.4 percent) and diabetes (13 percent) than people who had a high school education.

The data in the report were obtained through the Behavioral Risk Factor Surveillance System (BRFSS), a state-based telephone survey that collects information from adults aged 18 years or older. For this survey, participants were asked about their height and weight and if they had ever been told by a doctor that they had diabetes.


To address the epidemics, CDC recommends 30 minutes of moderate physical activity most days of the week to maintain good health and 60 minutes to achieve significant weight loss.

CDC also has worked closely with states and communities to develop programs such as the Active Community Environments Program (ACEs), which promotes walking, bicycling and developing accessible recreation facilities. CDC supports 59 territorial and state-based diabetes prevention and control programs to help decrease the development of type 2 diabetes, previously called adult-onset diabetes. CDC also collaborates with the National Institutes of Health on the National Diabetes Education Program (NDEP) aimed at improving diagnosis, and ultimately preventing the onset of diabetes.

For more information about diabetes and state-based diabetes prevention programs, please visit the following CDC Web site:

<http://www.cdc.gov/diabetes> and <http://www.cdc.gov/ncddp/dnppa>. Call toll-free (877) 233-3922 and (866) 232-4679.

Note: The BMI is a single number that evaluates an individual's weight status in relation to height. BMI is a mathematical formula in which a person's body weight in kilograms is divided by the square of his or her height in meters (wt/(ht)²). The BMI is highly correlated with body fat. The criteria for obesity are the same for both men and women. Someone who is 5 foot 7 inches is obese at 192 pounds and a person who is 5 feet 11 inches is obese at 215 pounds. More on BMI is available at: <http://www.cdc.gov/ncddp/dnppa/bmi/index.htm>.



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