The Use of AAP-Recommended Disciplinary Practice Guidelines Among African American Caregivers of Children in Head Start Programs

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SYNOPSIS

Objective. The American Academy of Pediatrics (AAP) recommends that parents not use harsh disciplinary practices. Previous studies have characterized the disciplinary practices of African American parents as harsh, with reliance on more aggressive techniques not currently recommended by the AAP. However, recent research has indicated more disciplinary practice diversity among African Americans. This study describes factors associated with the use of AAP-recommended disciplinary practices among lower-income African American caregivers of children in Head Start.

Methods. Subjects were caregivers of children at three Head Start sites. Participants were eligible for inclusion if the biological mother, biological father, or target child was identified as African American. Using consensus methods, responses to the Parental Discipline Methods Interview (PDMI) were described as consistent or inconsistent with AAP guidelines regarding use of negative disciplinary practices (e.g., spanking, yelling). Caregivers avoiding any of these inconsistent methods were referred to as “adherent.”

Results. “Adherent” caregivers were older (32.5 years vs. 30.4 years) and had more education (86.0% vs. 75.4% high school graduates). They were also less likely to report that their child had behavioral problems (12.9% vs. 25.2%) or deficient social skills (1.7% vs. 8.0%).

Conclusions. Lower-income African American caregivers were more likely to use disciplinary practices consistent with AAP guidelines if they had higher levels of education and were living in an urban setting. Caregivers describing their child as having fewer behavior problems, better social skills, or themselves as less stressed were also more likely to be “adherent.”

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Parents identify their child's pediatrician as an important source of information on how to discipline their children. Parental disciplinary practices have been linked to child emotional and behavioral outcomes and may be one potentially modifiable factor contributing to negative child outcomes.¹⁻⁷ Therefore, the American Academy of Pediatrics (AAP) recommends that providers counsel parents on positive child-oriented disciplinary practices (such as time out) beginning as early as when a child is 9 months of age. There are, however, well documented racial and ethnic differences in the use of disciplinary practices. In particular, lower socioeconomic status (SES) African American children are at risk of exposure to negative discipline; several studies characterize African American parents as preferring the use of non-AAP recommended practices such as spanking.^{5,8,9} However, recent research has found variability in disciplinary practices among African American parents. Our own more recent study comparing lower SES African American parents to middle and upper SES African American parents found that while there were differences between the two groups, most variability in disciplinary practices was not explained by socio-demographic factors commonly examined in comparison studies.¹⁰ Therefore, in an attempt to further examine variability in disciplinary practices within the African American community, the current study investigates: (1) Within the African American community, what parental characteristics are associated with specific disciplinary practices; and (2) Are caregiver mental health and child behavior associated with the choice of disciplinary practices?

METHODS

Data analyzed for this report were collected as part of a national 12-site study, Starting Early Starting Smart (SESS). SESS was a demonstration project designed to test the effectiveness of integrating behavioral health services into existing settings that serve economically disadvantaged young children and their families. SESS was jointly funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Casey Family Program. Although part of the larger SESS longitudinal intervention study, the data reported here were collected at baseline (prior to any intervention) and were obtained from families in both intervention and comparison groups. These data were collected from three of the 12 SESS sites serving Head Start families: an urban site in the northeastern U.S.

and two non-urban sites (a rural site in the southern U.S. and a suburban site in the northeastern U.S.).

Data were collected at the three sites at the beginning of the child's Head Start year, during interviews with the Head Start child's primary caregiver. The same measurement instruments and protocols were used across sites.

Data were collected from 1,089 families across the three identified sites. However, only data from 645 African American families are reported here, defined as families in which a biological mother, biological father, and/or Head Start child was identified by the primary caregiver as African American.

MEASURES

Disciplinary practices

The Parental Discipline Methods Interview (PDMI), which was created for the SESS study, was adapted from the preschool version of the Oregon Social Learning Center's Discipline Questionnaire.¹¹ The PDMI is a 27-item self-report instrument that asks caregivers to rate, using a Likert-type scale, how often during the past week they used specific disciplinary methods in response to identified child behaviors. It is composed of three sub-scales: positive reinforcement, appropriate discipline, and negative discipline. Test-retest reliability of the three subscales for the cross-site SESS sample ranged from 0.68 to 0.76.

Twelve board-certified primary care pediatricians serving African American families were asked to rate the disciplinary methods on the PDMI as being "recommended," "not recommended," or "neutral" based on their understanding of the AAP guidelines for effective discipline.¹² Based on the consensus response of the 12 board-certified pediatricians, each disciplinary method on the PDMI was categorized as consistent or inconsistent with AAP guidelines regarding less effective disciplinary practices (e.g., spanking, yelling; see Figure). Caregivers using only "recommended" and "neutral" methods were referred to as "adherent" to AAP-recommended disciplinary guidelines. All others were referred to as "non-adherent." There were no caregivers who reported using only "neutral" disciplinary practices. While this definition of recommended disciplinary practices is limited to pediatricians' perspectives, it is clinically relevant because (1) pediatricians are more likely to give advice on disciplinary practices based on their perceived knowledge of the AAP guidelines, and (2) parents often seek advice from their pediatricians regarding disciplinary practices.

Figure. Categorization of questions from Parental Discipline Methods Interview

<i>Example of question: "When your child did not do what you told him/her to do or disobeyed you, how often did you . . . ?"</i>	
Recommended	• Warn that you would punish him/her, and really do so if s/he continued to disobey? • Give him/her a time out, such as having him/her sit in a chair or go to his/her room for a period of time? • Take away privileges, like TV, toys, games, or playing with friends? • Discuss the problem with him/her, ask questions, or try to talk him/her into doing what you want? • Try to turn his/her attention from the misbehavior to some other more acceptable behavior?
Not Recommended	• Threaten to punish him/her, but not really punish him/her? • Raise your voice, such as scold, yell, or argue? • Give him/her a spanking, such as swatting the bottom one or two times? • Slap, hit, or push him/her?
Neutral	• Ignore him/her? • Give him/her extra work chores?

Child behavior

Child behavior was assessed with the Preschool Kindergarten Behavior Scales (PKBS),¹³ which has both a problem behavior and a social skills subscale. The problem behavior subscale is a checklist of 42 problem behaviors commonly seen in the preschool/kindergarten age group. The behaviors are categorized according to five domains: self-centered/explosive, attention problems/overactive, antisocial/aggressive, social withdrawal, and anxiety/somatic problems. The respondent is asked to rate the frequency of specific behaviors on a 4-point scale ranging from "never" to "often." The social skills subscale follows the same format and includes 34 items in three domains: social cooperation, social interaction, and social independence.

The PKBS was completed for each child by both the primary caregiver and the Head Start teacher. Children were considered to have behavior problems or a deficiency in social skills if their scores from the caregiver and/or the teacher fell above a predetermined cutoff score derived by the scale's developer, indicating a moderate or severe problem. Reliability coefficients (Cronbach's alpha) for the cross-site SESS sample were 0.93 for the caregiver-reported social skills scale, 0.90 for the caregiver-reported problem behavior scale, 0.96 for the teacher-reported social skills scale, and 0.97 for the teacher-reported problem behavior scale.

Caregiver factors

Two caregiver factors were assessed: presence of a parenting partner (defined as a spouse or unmarried partner in the home), and degree of psychological distress. Distress was quantified by self-report on the Brief Symptom Inventory (BSI), a 53-item instrument on which respondents rate the degree of distress experienced from specific symptoms during the past week.¹⁴

Symptoms are grouped into nine domains, six of which were measured in this study: somatization, obsessive-compulsive behavior, interpersonal sensitivity, depression, anxiety, and hostility. Raw scores from individual and subscales of the BSI were converted to *T* scores (mean=50, standard deviation [SD]=10). According to the scale's developer, individuals with *T* scores of 63 or higher on two of the subscales score in a clinical range. We used this cutoff as an indicator of psychological distress. The Cronbach's alpha of this short form of the BSI for the cross-site SESS sample was 0.93 when compared to the long form of the BSI.¹⁴

Statistical analysis

Caregivers were dichotomized into those who were adherent and non-adherent with AAP-recommended discipline practices, based on the criteria described above. Chi-square analysis was used to compare the two groups on demographic, child, and caregiver factors. Variables that differed significantly ($p < 0.05$) between the two groups were included in multivariable logistic regression equations to determine which variables were independently associated with adherence to AAP-recommended disciplinary practice guidelines. Data were analyzed using STATA statistical software, version 8.0.¹⁵

RESULTS

Socio-demographic characteristics

Of the 645 eligible families, 477 subjects had complete information on child and caregiver behavioral factors and caregiver disciplinary practices. These 477 were used in the analysis described below. Of the eligible subjects, 19.3% ($n=92$) lived in a non-urban setting

and 80.7% ($n=385$) in an urban setting. Of the 470 primary caregivers who identified their relationship to the target child, the biological mother was identified as the primary caregiver for the majority of children ($n=391$; 83.2%). However, 4.9% ($n=23$) identified the biological father and 4.7% ($n=22$) identified the child's grandmother as the primary caregiver. The remaining children were cared for by a foster or adoptive parent, step-parent, or other relative ($n=34$; 7.2%). Across the whole group, 24.3% ($n=116$) of caregivers were considered "adherent" to AAP-recommended disciplinary practices.

As indicated in the Table, a comparison of demographic characteristics of "adherent" and "non-adherent" families identified several statistically significant differences that were relatively minor. Adherent caregivers were older at the age of the child's birth (32.5 years vs. 30.4 years, $p=0.05$), more likely to have graduated from high school (86.0% vs. 75.4%, $p=0.02$), and more likely to be urban (88.8% vs. 78.1%, $p=0.01$). There was no difference in the marital status, employment status, or presence of a parenting partner between the two groups.

Child and caregiver factors

"Non-adherent" caregivers were almost twice as likely as "adherent" caregivers to report that their children had behavioral problems (25.2% vs. 12.9%, $p=0.006$), but there was no difference between the two groups in teacher-identified behavior problems (11.2% vs. 11.1%, $p=0.970$). Similarly, "non-adherent" caregivers were

also more than four times as likely as "adherent" caregivers to report that their children had deficient social skills (8.0% vs. 1.7%, $p=0.028$). Again, there was no difference between the two groups in teacher-identified social skills deficits (16.3% vs. 13.8%, $p=0.512$). Finally, "non-adherent" caregivers were almost three times as likely as "adherent" caregivers to be distressed (24.1% vs. 9.5%, $p=0.001$).

Variables independently associated with use of AAP-recommended disciplinary practices

A multiple logistic regression analysis was performed to determine the independent predictors of disciplinary practices consistent with AAP guidelines. This indicated that "adherent" caregivers were more likely to live in an urban setting (odds ratio [OR]=1.47, 95% confidence interval [CI] 1.07, 2.04; $p=0.018$), and have greater than a high school education (OR=2.13, CI 1.16, 3.89; $p=0.014$). They were also less likely to experience psychological distress themselves (OR=0.41, CI 0.20, 0.84; $p=0.014$). Neither caregiver report of behavioral problems (OR=0.60, CI .32, 1.13; $p=0.116$) nor caregiver report of social skills deficits (OR=0.25, CI 0.06, 1.10; $p=0.07$) were independently associated with adherence to AAP-recommended guidelines.

DISCUSSION

This study adds to the limited but growing literature on disciplinary practices in the African American community in four important areas. First, this study significantly

Table. Socio-demographic characteristics for adherent vs. non-adherent caregivers

	Total	Adherent	Non-adherent	p-value
Location ($n=477$)				
Percent non-urban	19.3	11.2	21.9	$p=0.01$
Percent urban	80.7	88.8	78.1	
Child gender ($n=477$)				
Percent male	45.9	51.7	44.1	$p=0.15$
Mean age of target child in years ($n=477$)				
Standard deviation	5.52 (0.51)	5.51 (0.50)	5.52 (0.51)	$p=0.78$
Mean current age of primary caregiver in years ($n=471$)				
Standard deviation	30.9 (10.2)	32.5 (10.7)	30.4 (9.9)	$p=0.05$
Respondent's education status ($n=471$)				
Percent high school graduates	77.9	86.0	75.4	$p=0.02$
Caregiver's employment status ($n=477$)				
Percent employed	63.1	69.0	61.2	$p=0.133$
Parent's marital status ($n=459$)				
Percent married	22.4	22.1	22.5	$p=0.93$
Presence of parenting partner ($n=467$)				
Percent yes	33.2	36.8	32.0	$p=0.341$

improves our understanding of disciplinary practices in the African American community. We found a significant independent association between caregiver distress and the increased use of non-adherent disciplinary practices. Although this finding is consistent with previous research linking parent stress to parenting practices,^{16–18} it also suggests that caregiver distress rather than child behavior may be the key factor in parenting practices. While we cannot draw conclusions about causality in this cross-sectional report of the data, it is important to note that the apparent association of child behavioral problems or deficits in social skills to caregiver disciplinary practices was explained by caregiver mental health. More distressed caregivers were more likely to see their children as problematic and more likely to use non-AAP recommended disciplinary practices. We also found that, even in this relatively homogenous group of lower-income Head Start families, those with greater than a high school education were more adherent to AAP-recommended disciplinary practice guidelines. This is consistent with work by others^{5,19} suggesting that higher SES may buffer the relationship of stress to negative parenting practices in the African American community.

Second, the finding that urban African American caregivers are more likely than non-urban African American caregivers to use AAP-recommended disciplinary practices appears to contradict previous studies linking urban settings to increased use of physical punishment and/or abuse.^{20,21} Although our results were unexpected, a study by Pinderhughes et al.²² of neighborhood effects on parenting found that neighborhood danger in an urban setting did not undermine parental warmth among African American families when compared to European American families. It was proposed that this lack of effect on parenting in urban African American families may be mediated by the availability of more social support in urban settings. Consequently, our findings of increased use of non-adherent disciplinary practices outside urban settings may be related to relative lack of social support (from service organizations and/or extended family and friends) more readily accessible in an urban environment. On the other hand, it may also reflect normative disciplinary standards or broadly defined “cultural” differences in these different settings. Unquestionably, more research is needed to better understand the factors that contribute to parents’ choice of disciplinary practices.

Third, differences found between caregiver and teacher report of child behaviors are consistent with previous research.^{23,24} Clearly, such differences may arise from multiple sources. For example, these differ-

ences may be related to differing expectations of behavior by caregivers and teachers or to lack of knowledge about appropriate child development in this population of parents. On the other hand, child behavior may differ in the more structured Head Start classroom—with its well trained staff and more limited time for interaction—from at home. Given the complexity of this issue, future research may be informed by research on expectations for child behavior in the African American community and other populations. Subsequent studies could compare child development expectations in these groups to age-appropriate child development milestones. Other lines of investigation could include child observation in different settings.

Finally, we found that there is variability in disciplinary practices among this low-income African American population. Previous studies have reported that lower SES African American parents use harsher disciplinary practices,^{5,9,25} but with nearly one-quarter of participants in this study reporting “adherence” to AAP-recommended disciplinary practices, these results confirm that there is a diversity of practices within this low-income African American population.

Limitations

Although the current study contributes to the understanding of disciplinary practices in the African American community, it also has important limitations. First, the study is limited to low-income families based on their eligibility for Head Start programs. Therefore, neither low-income African American families not enrolled in Head Start nor upper SES African American families are represented. Consequently, care is required in generalizing our results to more diverse African American populations. However, the geographic diversity of the study populations provides new information when examining diversity in the African American community. Second, the one-week time frame of the discipline questionnaire may underestimate the proportion of “adherent” caregivers, as caregivers may use non-recommended practices less frequently than weekly. Finally, our definition of “adherent” vs. “non-adherent” is limited by our focus on identifying those caregivers avoiding any practices inconsistent with AAP guidelines. This means that there is a broad range of practices among “non-adherent” caregivers. For example, some within this group may consistently use practices such as slapping or hitting while others may less frequently use only shouting. While our findings begin to speak against the stereotypical labeling of low SES African Americans as using non-AAP recommended disciplinary practices, they do not completely reflect the true diversity within this

population. Therefore, we suggest that future studies investigate a variety of disciplinary practices, including, for example, time out and rewarding, in addition to spanking. More work is also needed to identify the range of disciplinary practices in the African American community, not just in lower SES populations, but also in middle and upper SES African American communities as well. Recent work by Horn et al. has begun to address this gap, but more research with larger economically and geographically diverse populations is needed.¹⁰

Implications for practice

The results of this study provide three important implications for mental health practice in pediatric settings. First, providers must recognize that lower SES African American families use a variety of disciplinary practices. Consequently, it is important to recognize and encourage positive parenting behaviors and identify the presence of risk factors, such as lower level education and parent concern for child behavioral problems. Second, as noted by others^{16,17,26} the link between parental stress and disciplinary practices suggests a need for routine assessments of parental mental health during pediatric visits. Given the dearth of available mental health services, current efforts such as the recent Bright Futures guidelines²⁷ and AAP policy statement²⁸ on mental health screening in primary care practices are promising. However, in addition, pediatric residents should receive culturally effective training to identify basic mental health issues in the primary care setting and provide appropriate treatment or make referrals when necessary. Furthermore, these mental health assessments should become a routine part of primary care pediatrics. Finally, providers need to assess parents' behavioral expectations of their child to determine if they are developmentally appropriate, particularly when parents express concerns about behavior problems in their children. Identifying opportunities for improving the mental health of children and the adults they will become is of great social importance. Parental disciplinary practices may provide one such opportunity and work reported here contributes significantly to our understanding of this issue in a geographically diverse group of low-income African American families.

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