Pediatricians and behavioral parenting education: skills for early prevention of negative behaviors

Commentary

by Melinda McVicar, M.D., FAAP

Many parents and caregivers are actively seeking help with their children’s behavior. Others might not even realize the enriched family life available to them through the acquisition of better parenting and family communication skills. Still others simply lack the education for understanding and correcting disadvantageous behavior patterns.

What can we as pediatricians do? We can enhance our knowledge of behavioral parenting education, and we can share our knowledge. Teaching parents to discourage negative behavior and to reinforce positive behavior is the premise of behavioral parenting education.

Until recently, there was little recognition of the specific body of behavioral knowledge that can be taught to parents and caregivers. Years of productive research in the fields of psychology, education and medicine have resulted in such concepts as:

- natural and logical consequences as a substitute for rewards and punishment;
- offering appropriate choices;
- effective teaching of responsibility and discipline;
- enhancing communication through "I" messages; and
- understanding and appreciating temperament.

These and other skills based on knowledge of human behavior are being applied successfully to behavioral parenting education. Pediatricians can make referrals to appropriate programs that offer such training.

The most common causes of pediatric mortality today — accidents, suicides and homicides — are related to negative behaviors, cause more than 80 percent of deaths in youth, and are largely preventable. Persistent negative behaviors also lead to psychosocial illness, which can result in violence, dropping out of school, teen pregnancy, substance abuse and other harmful outcomes. Problems associated with poorly developed character are the most common cause of severe morbidity in youth and are likely to be passed on to the next generation. This loss of human potential is devastating and, to a large extent, preventable through education of parents and caregivers in early behavioral parenting skills.

There is little doubt that there are instances of severe psychopathology beyond the sphere of a pediatrician’s influence, and we can only hope to provide successful referral in these cases. Nevertheless, we pediatricians can use our influence to help provide behavioral parenting education while children are still very young and thus avert problems destined to escalate if left unattended.

Hereditary and temperament also play an important role in determining behavior, and pediatricians or other professionals can help parents and caregivers understand and adapt their nurturing to their child’s individual temperament.

The three chapter presidents who sit on the AAP District II Committee on Psychosocial Aspects of Child and Family Health have taken up the challenge of helping pediatricians make behavioral parenting education available for themselves and for families in their practices.

One video-based program that has been reviewed by the committee and is highly recommended is “Active Parenting Today, Ages 2-12,” by Michael Popkin, Ph.D., a nationally recognized psychologist and educator specializing in early child development. This program can be ordered for review without obligation on a 30-day trial basis by calling (800) 825-0069.

As pediatricians expand their recognition of the importance of behavioral education, they can anticipate greater involvement in making appropriate programs available as a resource for pediatric referral. Such programs probably can be provided at a cost that is less per affected child than our national vaccination program.

Preventing psychosocial disease through behavioral parenting education is just as important as preventing infectious disease through vaccines. Psychosocial disease from persistent negative behaviors also is infectious. Pediatricians can take important steps to halt its progression through prevention and early intervention.

Dr. McVicar chairs the AAP District II Committee on Psychosocial Aspects of Child and Family Health.