



# Ending the Physical Punishment of Children

A Guide for Clinicians  
and Practitioners

Edited by  
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# Positive Discipline in Everyday Parenting (PDEP)

Joan E. Durrant

## THE INTERVENTION

Positive Discipline in Everyday Parenting (PDEP) was developed by Joan E. Durrant, PhD, University of Manitoba, in collaboration with Save the Children Sweden and the PDEP Program Development Team (Christine Ateah, Leslie Barker, Ashley Stewart-Tufescu, and Jean Tinling). PDEP is designed to be a *universal* intervention for all parents.

## Background and Theory of Change

PDEP was created as part of Save the Children Sweden's response to the United Nations' *World Report on Violence Against Children* (Pinheiro, 2006), which documented the high global prevalence of punitive violence against children. The report called for parenting approaches that uphold children's rights to protection, dignity, and participation and that respect children's personhood and evolving capacities (Durrant, 2017; Durrant & Stewart-Tufescu, 2017). PDEP was developed in response to this call through a partnership between Save the Children Sweden (an international nongovernmental organization) and Joan Durrant, PhD (a developmental psychologist and academic). It is now a core program of Save the Children's Child Protection global theme.

PDEP is based on developmental theory and research. It aims to transform parents' views of their role from one of control and coercion to one of respectful mentorship and collaborative problem solving. Through a sequence of

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interactive activities, the program translates empirical research findings on parent-child attachment, parent and child self-regulation, and children's neurobiological, emotional, and cognitive development into a form that parents can process, reflect upon, and apply in their everyday interactions with their children. PDEP is informed by attributional, cognitive-developmental, constructivist, epigenetic, social information processing, neurorelational, and social learning theories (Bandura & Walters, 1963; Bretherton & Mulholland, 1999; Milner, 2000; Montes, de Paúl, & Milner, 2001; Piaget, 1928; Siegel, 2001; Vygotsky, 1978; Weiner, 2010).

PDEP's theory of change posits three sets of parental outcomes. *Short-term outcomes* are the cognitive and affective shifts expected to occur as the program unfolds, namely, reductions in (a) attributions for typical child behavior to intentional "misbehavior," (b) anger in response to conflict, and (c) approval of physical and emotional punishment. These outcomes are theorized to be mediated by increases in parents' knowledge of child development, perspective taking, and emotion-regulation skills. *Medium-term outcomes* are the confidence and skills expected to be gained by the end of the program, specifically with regard to problem solving and scaffolding children's learning. These outcomes are theorized to be mediated by parents' growing ability to identify and understand the underlying causes of children's behavior and to generate non-punitive responses. *Long-term outcomes* are expected to emerge following parents' completion of the program, namely, (a) ongoing reductions in physical and emotional punishment and in parenting stress and (b) ongoing increases in sensitive responding, problem solving, and parenting satisfaction.

### **Main Goals of the Intervention**

The aim of PDEP is not to change children's behavior but to change the way that parents understand and respond to children's behavior, shifting their orientation away from punishment and toward respectful conflict resolution. Program activities take parents into the minds of their children to view conflict through children's eyes and to understand that children's behavior is a way of communicating their emotions and needs. The overarching aim is to help parents view their children as active learners and approach them as mentors, scaffolding their learning rather than punishing them, and engaging them as participants in the problem-solving process.

### **Brief Description of the Intervention**

The PDEP program is delivered to groups of caregivers once weekly for 8 weeks. Caregivers meet in groups for 2 hours each week. A follow-up session 2 weeks after the program ends is strongly recommended. PDEP is delivered by trained program facilitators. Typically, they are staff of community agencies, schools, child care centers, or other nonprofit organizations who deliver the program to parents as part of their job. Each program facilitator must have a facilitator's manual, a set of materials needed to conduct the program activities, and a set of visual teaching aids. Program facilitators receive

these materials when they are trained. Each parent receives an individual copy of the parent book (Durrant, 2016) and a binder containing program exercises, which program facilitators prepare.

### **Content Relevant to Spanking or Physical Punishment**

Physical and emotional punishment are explicitly addressed throughout the program. The PDEP approach is not didactic but rather takes parents through a series of activities and guided discussions designed to encourage reflection, insight, and perspective taking. As parents increasingly view conflict from children's perspectives, they realize that punitive responses are counterproductive and potentially damaging to their relationships with their children.

### **Implementation of the Intervention**

To date, at least 7,097 caregivers of children of all ages have taken the program. These caregivers include parents, grandparents, foster parents, and others who care for children. This figure represents only those caregivers for whom pre-/postquestionnaires have been submitted by program facilitators. The actual number of caregivers who have taken the program is unknown.

PDEP has been successfully delivered to caregivers from a wide range of cultural backgrounds, faiths, socioeconomic circumstances, literacy levels, and languages. It has been delivered in countries throughout the world, including Albania, Australia, Bangladesh, Canada, China, Colombia, Ethiopia, Fiji, Gaza and the West Bank, Gambia, Georgia, Guatemala, Indonesia, Japan, Kenya, Kosovo, Mongolia, Nepal, Papua New Guinea, Paraguay, Philippines, Solomon Islands, South Korea, Sri Lanka, Tanzania, and Venezuela. In addition to English, PDEP has been delivered in Albanian, Amharic, Arabic, Bahasa, Bengali, Cantonese, French, Hindi, Japanese, Karen, Khmer, Kinyarwanda, Kirundi, Korean, Kurdish, Mandarin, Mongolian, Punjabi, Somali, Spanish, Swahili, Tagalog, Thai, Tigrigna, Urdu, and Vietnamese. It is designed to be appropriate for all caregivers, whether or not their children live with them. PDEP has been delivered in a wide range of settings, including large urban centers, rural towns, remote villages, indigenous communities, conflict and postconflict zones, postdisaster zones, urban slums, brothel areas, refugee camps, and prisons. PDEP is not intended to be mandated by child protective services; it is intended as a nontargeted, prevention program. However, it is delivered to parents involved in the child protection system in Canada and other countries.

### **Evidence That Training of Program Staff Was Successful**

For a parent program aimed at shifting parents' attitudes toward physical punishment to be successful, it is important that program facilitators have undergone that shift themselves. It also is important that they feel adequately prepared to deliver the program to parents. Therefore, two of our measures of training success are (a) changes in program facilitators' attitudes toward physical punishment and (b) their confidence in delivering PDEP to parents.

A study was conducted of all PDEP program facilitators ( $n = 430$ ) who were trained in three Canadian provinces: 94% were female; 51% were between 20 and 40 years of age; 65% had worked directly with parents for more than 4 years; and 76% held either an undergraduate or postgraduate degree (Durrant et al., 2018). Each participant completed standardized pre- and post-training questionnaires from which a five-item Approval of Physical Punishment (APP) Scale was constructed ( $\alpha = .75$  in this sample). Participants' scores on the APP Scale decreased significantly from pre- to posttest ( $p < .001$ ); thus, their approval of physical punishment declined over the course of the program. At posttest, 92% reported that, since taking the training, they believed more strongly that adults should not physically punish children. These program facilitators were also asked to rate their confidence as facilitators before and after participating in the PDEP facilitator training. At pretest, 60% believed they could help parents solve most discipline challenges, and 78% believed they had the skills needed to be good facilitators. By posttest, these proportions rose to 81% and 96%, respectively.

In 2017, 96 program facilitators in Canada participated in an online survey (Durrant et al., 2018). Participants were asked how strongly they approved of physical and nonphysical punishment before and after taking the PDEP facilitator training. Although a majority (88%) stated that they "largely" or "strongly" disapproved of physical punishment before taking the training, this proportion increased to 100% through the course of the program.

### **Evidence That Staff Had Buy-In and Like the Program**

In the study of 430 program facilitators described above (Durrant et al., 2018), participants were asked how useful they believed PDEP would be in their work with parents. Large majorities "mostly" or "strongly" agreed that PDEP will be useful in helping parents to reduce their use of physical punishment (82%), reduce their yelling (81%), understand children's development (93%), understand children's feelings (88%), control their anger (79%), communicate better with their children (88%), and build stronger relationships with their children (91%).

In an open-ended question, participants were asked what they had learned from taking the PDEP facilitator training. Their responses were typified by the following comments:

- "How you respond to a child teaches them about the world and sets an example of what a kind, empathetic, patient person looks like."
- "To see children as little people, not chattel."
- "I love this program. It has become an essential part of who I am and how I relate to others—at home and in the workplace. I have seen the light come on in parents' eyes when they understand a new concept, and I have heard over and over again how this program has deeply impacted the way they parent their children. These things keep me energized and invested in continuing to offer this program to families."

### **Evidence That Families Enjoy or Appreciate the Program**

A study was conducted in Canada of 516 parents who completed standardized pre- and postprogram parent questionnaires (PPQs; Durrant et al., 2018). At posttest, they were asked several questions about the impact they believed PDEP would have on their parenting. Large majorities “mostly” or “strongly” agreed that PDEP would help them to use less physical punishment (80%), control their anger (80%), communicate better with their children (90%), build stronger relationships with their children (95%), understand their children’s development (91%), and understand their children’s feelings (90%).

The relevance of PDEP to parents was assessed in countries at different levels of social development (Durrant, Plateau, et al., 2017). On the basis of their Inequality-Adjusted Human Development Indices (IHDI), 13 countries were classified into high ( $n = 201$ ), medium ( $n = 166$ ), or low ( $n = 158$ ) development categories. Across all IHDI categories, almost all parents were “mostly” or “very” satisfied with the overall program (98%), the PDEP parent book (98%), and the program activities (98%). Across all IHDI categories, substantial majorities “mostly” or “strongly” agreed that the program would help them to use less physical punishment (82%), understand their children’s development (92%), communicate better with their children (93%), understand their children’s feelings (94%), control their anger (87%), and build stronger relationships with their children (96%).

In a 3-month pilot follow-up study of parents who took PDEP in Canada ( $n = 23$ ), 95% reported that they felt “fairly” or “very” confident about using the PDEP approach with their children. Of this sample, 81% had recommended PDEP to others. The reasons they gave for recommending it were typified by the following comments:

- “It is helpful, effective, and practical.”
- “It is very useful, easy to understand and to put in practice immediately in everyday parenting. It shows positive results and helps all the family to approach problems in a very positive and constructive way.”
- “It is very helpful for every parent who has immigrated to [a new country], especially if the country they’re immigrating from has different parenting approaches, rights, and culture.”

### **Evidence of Effectiveness From Outcome Evaluations**

Since 2007, PDEP has grown from an idea to a program implemented on a global level. During that period, the first edition of the parent book (Durrant, 2007) was published; an accompanying parent program was created and piloted in highly diverse settings around the world; a facilitator training was created (Durrant, 2008), piloted in wide-ranging settings, and adapted for low-literacy and underresourced contexts (Durrant, Plateau, & Barker, 2012); a training model was developed, tested, revised, and implemented; and the foundations were created for scaling up the program in all regions of the

world. By 2012, the program team had sufficient confidence in the consistency of program delivery to begin formal monitoring. An international interdisciplinary evaluation team was established to create, pilot, and finalize pre- and post-PPPQs that could be administered to parents by facilitators. A workshop in ethical and standardized administration became part of the facilitator training program. A central data hub was established, and procedures for processing the data were developed. At present, the global data set represents more than 7,000 caregivers and more than 2,000 trained program facilitators. The research team has drawn on these data to determine whether there is any indication of change that would warrant the design and implementation of randomized controlled trials (RCTs).

The PPPQ contains an APP Scale that assesses change in parents' attitudes toward physical punishment over the course of the program ( $\alpha$  ranges from .80 to .82 across samples). The findings have been consistent across countries. For example, parents' APP scores declined significantly ( $p < .001$ ) among samples of 77 parents living in Japan, 678 parents living in Canada's prairie provinces, and 321 parents living in 14 cities across Canada (Durrant et al., 2014; Mori, Mochizuki, & Stewart-Tufescu, 2016; Stewart-Tufescu, Ateah, Barker, & Tinling, 2016). An abbreviated version of the PPPQ has been administered to parents with low literacy levels in Gaza and the West Bank and Bangladesh. This version contains two items measuring approval of physical punishment ("Spanking is fine as long as the parent is not angry" and "Parents should have the right to decide whether to spank their children"). Significant declines in agreement were found on both of these items ( $p < .001$ ) among samples of 150 fathers in Gaza and the West Bank and 105 parents in very poor areas of Bangladesh (Durrant, Haj Ahmad, Ahmed, Stewart-Tufescu, & Jones, 2017; Khondkar, Ateah, & Milton, 2016).

At posttest, consistently large majorities of parents "mostly" or "strongly" agree that they have come to believe more strongly that parents should not use physical punishment: 90% in Kosovo, 94% in Japan, and 90% in Canada, for example (Ademi-Shala, Hoxha, & Ateah, 2016; Mori et al., 2016; Stewart-Tufescu et al., 2016). Recently, my colleagues and I have been piloting measures of parental behavior in situations of conflict with their children. For example, in a 3-month pilot follow-up study of parents in Canada ( $n = 23$ ), 43% reported that they had used physical punishment in the year prior to the survey, whereas 19% reported that they had done so since taking PDEP. Of those who reported that they had physically punished their children since taking PDEP, 67% reported that they had done so less often than they did before taking the program.

### Limitations

To date, an RCT has not been completed. However, on the strength of the pre-post findings, independent research teams have designed RCTs of PDEP to evaluate change in parents' attitudes toward and use of physical punishment. In Canada, parents are being randomly assigned to PDEP or wait-list control



groups; data collection will continue until 2021. In Indonesia, villages were randomly assigned to PDEP or control groups (Ruiz-Casares et al., 2019). The findings of this study are not yet available.

## **SUGGESTED FUTURE USE OF THE PROGRAM**

### **How Clinicians Can Use the Intervention**

Clinicians can be fully trained in the PDEP approach to better help them advise parents regarding respectful discipline. In some locations, public health professionals and pediatricians have received a brief orientation to the approach so they can integrate the concepts into their interactions with caregivers.

### **How Community Practitioners Can Use the Intervention**

Community practitioners, once trained as program facilitators, can deliver the program directly to parents through their agencies. Those who deliver it are expected to submit pre-/postquestionnaire data to the data-processing hub. They receive a user-friendly data summary in return, which provides feedback to the facilitators regarding the impact of their programs.

### **How Policymakers Can Use the Intervention**

PDEP is a helpful program to support prohibition of physical punishment in countries around the world, which is based on human rights standards. It complements initiatives to implement the United Nations Convention on the Rights of the Child. PDEP's core concepts have been integrated into a population-level public education initiative in Alberta, Canada. Policymakers can invest in the systematic evaluation of this program.

## **INFORMATION ON OBTAINING THE PROGRAM**

The PDEP website (<http://www.positivedisciplineeveryday.com>) provides information about the program and training model. The parent book can be downloaded at no cost from the website. Accompanying program materials may be obtained only through official PDEP facilitator trainings. Parents can take the program through local agencies with trained program facilitators on staff.

The PDEP training and mentorship ladder was designed to optimize program integrity, facilitator fidelity, and program sustainability in communities and countries. PDEP program facilitators are staff of family-serving agencies in local communities who deliver the program to caregivers. They are (a) trained over 4 full days by master trainers, certified country trainers, and/or country trainer mentees and (b) mentored as they deliver their first two parent

programs. If they are successful, they can then deliver PDEP parent programs independently. Program facilitators must agree to deliver parent programs as part of their jobs, not for personal profit.

Experienced program facilitators may be invited to become country trainees. Those who accept will cotrain a new group of program facilitators with a master trainer and be mentored as they subsequently deliver their first two facilitator trainings on their own. At that point, they are eligible for certification as country trainers, which qualifies them to train new program facilitators independently.

Full translations of all program materials have been carried out in Arabic, Bahasa, Bengali, French, Japanese, Korean, Mongolian, Spanish, Thai, and Vietnamese.

Positive Discipline in Everyday Life is a not-for-profit organization that coordinates PDEP training, delivery, program development, and data processing (posdiseveryday@gmail.com). Positive Discipline in Everyday Life is a formal partner of Save the Children Sweden, which provides global oversight of PDEP and has supported its development since 2006. Information about PDEP is provided at <http://www.positivedisciplineeveryday.com>.

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