Can No Hit Zones Prevent ACEs and Promote PCEs?

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Goals of a No Hit Zone:

Assist in lowering the frequency of disruptive behaviors in clinics and patient care areas

Assist in maintaining a safe and caring atmosphere for patients, families, and staff

Send a clear message against interpersonal violence at ALL ages
Disruptive Behaviors:

- Physical discipline
- Yelling
- Jerking of body parts, etc.

Can lead to more physical and aggressive behaviors

Notes:

Lots of behaviors that lead up to and are pre-cursors to hitting events.

It includes not just hitting behavior but all the behaviors leading up to the hitting event.

What we are looking at is a continuum of violence toward children and want to eliminate anything along the continuum
The purpose of this policy is to create and reinforce an environment of comfort and safety for patients, families, and staff working in our facility.
Can be used to “de-escalate” a situation in which caregivers begin to raise their voices, curse, or show other signs of stress and inappropriate behaviors that occur prior to physical discipline.
Interruption!

- Interruption is the key tool to keeping things from spiraling out of control.
- Other behaviors lead up to hitting behavior such as gripping an arm, grabbing an ear, etc.
- This is the best way to keep a situation under control before children get hit.
Physical Presence

- Warm vocal tone
- Moderated pitch and rate
- Consistent verbal and nonverbal message
- Acknowledge thoughts and feelings of other person
Physical presence notes:

• Your calm, sympathetic, physical presence is probably the most effective response.
• By attending to the situation with your physical presence: the single most important to do.
• It’s important to be sure you use a warm tone in your voice, a pitch and rate of speaking that is soothing and not rushed.
• Check to be sure that your verbal message is supported by a consistent nonverbal message.
• Start by acknowledging the thoughts, feelings or emotions of the other person.
• It’s not the most natural thing for us to do...you have to practice to get comfortable...

• By reaching out, you’re sending the message that I’m paying attention, and I’m monitoring the situation
Scripting examples:

• “Can I help you with something?”
  “Would you like me to take your child to get a book or sticker?”

• “You’ve been waiting for awhile. Let me see when you can expect a doctor to see you.”
  “Most 2-year-olds can’t sit still/behave for long periods. Would it help if I found something for him to play with?”
No Hit Zone Materials

• Psychoeducation and intervention with a family

• The NHZ brochures and discussion help build parenting and discipline skills (Do you want to parent differently than you were parented?)

• The parenting discussion leads to creating positive childhood experiences which align with the 4 HOPE blocks presented by Dr Sege
SHC No Hit Zone trifold brochure
What is a No Hit Zone? A No Hit Zone means that we do not allow hitting or verbal assault of any kind by adults or children, including parents hitting or spanking children as part of discipline.

Did you know:
- Physical punishment does NOT improve behavior in the long-term. It leads to more disobedience and aggression in children.
- Hitting or spanking teaches children to use violence to solve problems.
- Using violence as punishment leads to children doing poorly in school.
- Children that experience physical punishment are more likely to become involved in delinquency/criminal behavior.
- Children that experience or see violence view the world as dangerous and scary.
- Experiencing violence as children leads to physical and mental health problems as adults.
- Children that have been physically punished may have difficulty forming healthy attachments and may not be able to trust other people.
- Parents who use physical punishment with their children are at nine times greater risk of physically abusing their child.

Tools for parents:
- Bring your child’s favorite toy or activity to keep them occupied.
- Talk to your child and explain why they are asked to behave a certain way; have realistic expectations.
- Read to your child.
- Give your child lots of descriptive praise for good behavior.
- Teach your child how to resolve conflict without violence.
- Do something for yourself each day to relieve stress.
- Set clear limits on your child’s behavior; give clear instructions about misbehavior.

Children learn best through positive guidance.
APSAC NHZ Tip sheets for Parents by age: Sample 12-24 months
Scott Fairhurst, Ph.D.
Pacific Clinics : SHC and Pacific Clinics are a CCBHC

1. De-escalation training 6 session for all staff School Health Clinics of Santa Clara County
2. During monthly staff meeting 30-60 minutes
Asking and listening is a form of doing...

• “Help me understand”
What is Escalation *(De-Escalation training Session #1)*

- An event or symptoms or pattern
- Intensive, impulsive, disorganized over reaction
- Threat
- Pattern-can be predicted, so can be prevented
- Maintain dignity; humiliation is an aggressive act
SHC : De-escalation Training (session # 2)

- Demonstrating our own self-control
- How we infer that another person is angry
- Gaining insight into our own biases
- The Cognitive-Behavioral model of anger escalation
- Ways to Agree
- The notion that “If we can predict it, we can prevent it”
• Control yourself=composure
• Anger + a weapon=danger
• Triggers: HR, BP, and adrenalin increase
  Lead to anger and behavior change
• Anger expression: express aggressively
• Anger control: controlled expression
Treat escalation: 3 ways to practice

- The truth: find a way to agree
- The principle
- The odds: “Anyone who goes through this would be upset”
(use the word “Structure” instead of “Delimit”)
Session #3 Address the Escalation and prevent the next one

Concept Analysis of the literature has identified key themes:

• Self-regulation
• Assessment
• Maintaining Safety
• Communication
• Actions
Clarify:
What Are We Supposed to Say, In the Moment?

Coaching self-control
   Breathing, counting, checking heart-rate,

Identifying needs
   “I want to understand why this means so much to you”

Respectful limit setting
   • Using “let’s” instead of “you need to”
   • Injury is unacceptable
   • If necessary, inform the client that assault may lead to arrest

Help parents promote supportive relationships (HOPE block #1)

• key pillar of the HOPE framework – is crucial. “Being in healthy, sustained relationships is good for kids,”

• “The relationship with their parents sets the stage for all other relationships, and we’ve also found that kids who have two or more close relationships with a trusted adult outside the home – including teachers, coaches and grandparents – are more likely to be resilient.”
HOPE blocks 2,3,4:

• (2) Safe, equitable **environments** where kids can flourish and feel a sense of belonging (think schools, parks, playgrounds, and communities)

• (3) **Engagement** (a sense that you matter to other people and your communities),

• (4) opportunities to develop **social and emotional intelligence** (much of which comes from playing with peers).
HOPE

Healthy Outcomes From Positive Experiences

The 4 Building Blocks of HOPE

Research has shown that Positive Childhood Experiences (PCEs) can help protect against the poor health outcomes associated with Adverse Childhood Experiences (ACEs). These PCEs can be categorized into 4 Building Blocks. This resource is designed to help families increase access to the Building Blocks for the children they serve.

For Families

Relationships within the family and with other children and adults through interpersonal activities.

Being in nurturing, supportive relationships are critical for children to develop into healthy, resilient adults. Individuals that recall having these types of relationships during childhood experience significantly lower rates of depression and poor mental health adulthood. What types of relationships are we talking about?

- Foundational relationships with parents and/or caregivers who respond to a child's needs and offer warm, responsive interactions.
- Adults outside of the family who take a genuine interest in a child and support their growth and development.
- Healthy, close, and positive relationships with peers.

How can you promote access to supportive relationships for your children?

Think about your positive relationships from childhood. What felt good about them? Are there things about those relationships that you can bring to your relationship with your children?

Play and connect with your child(ren) regularly! Be silly. Move your bodies together. Read a book. Watch a movie. The options are endless.

Help your child make connections with other adults in your life—aunts, uncles, coaches, pastors, etc. It is important that they have relationships with adults outside of their family. Encourage them to have as many opportunities to make friends through organized sports, clubs, church, etc.