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## RE: Should Pediatricians Base Their Parenting Advice on Advocacy or Science?

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The new AAP Policy Statement, *Effective Discipline to Raise Healthy Children*, appears to rely primarily on an advocacy group, the Global Initiative to End all Corporal Punishment of Children, whereas the previous AAP Policy Statement on discipline<sup>1</sup> was informed by an AAP-sponsored scientific consensus conference on corporal punishment. Accordingly, the latest Policy Statement reads more like a rant against spanking than scientifically informed recommendations for “effective discipline.” With its prohibition of all physical punishment, only time-out is recommended for childhood misbehavior, citing only one study which concluded “There was no significant effect for timeout use.”<sup>2</sup>, p. e15 Privilege removal has been dropped in the current Statement.

Should pediatricians therefore conclude that the only key to effective parental discipline is simply to avoid spanking? The Statement’s cited evidence against physical punishment is drawn from one meta-analysis of unadjusted correlations, 55% of them concurrent correlations,<sup>3</sup> ignoring another meta-analysis that reported “trivial” effect sizes in risk-adjusted outcomes.<sup>4</sup> Would any medical therapy be evaluated using correlations that are not risk-adjusted (for differences in illness severity or in persistent defiance)? A new meta-analysis just showed that this correlational evidence against spanking disappears after accounting for the predisposition of some children to be more difficult to discipline than others.<sup>5</sup>

The Policy Statement cites 33 studies in its section on “Corporal Punishment as a Risk Factor for Nonoptimal Child Development,” including three other literature reviews that found the effects of spanking to be “trivial,” or “small” at worst. The 33 cited studies also included six publications lacking any original data (five by anti-spanking advocates); five studies of what predicts physical punishment rather than child outcomes predicted by physical punishment; four studies that only investigated other parenting variables (e.g., reprimands, verbal hostility, psychologically intrusive control); and studies of inappropriate physical punishment which was overly severe (six studies) or used during adolescence (one study). This left seven studies, six of which had trivial adverse effect sizes (mean  $\eta^2 = .07$ ; equivalent to  $d = .15$  or  $AOR = 1.31$ ) after controlling for pre-existing child differences, consistent with the few quality meta-analyses that were limited to risk-adjusted prospective studies of spanking.<sup>4,5</sup> Remarkably, the latest published meta-analysis shows that these tiny effect sizes become tiny beneficial effects when evaluated with an alternative method of adjusting for pre-existing differences.<sup>5</sup> The seventh and final cited study showed better adolescent outcomes for spanked children than never-spanked children as long as the spanking was phased out by age 11. Overall, this cited evidence fails to support the Policy Statement’s conclusion of “a strong association between spanking and subsequent adverse outcomes” (p. 4).

This policy statement seems informed more by the cited advocacy organization than a fair assessment of scientific evidence. Would pediatricians oppose any other widespread practice (e.g., aspirin for childhood fevers) based mostly on correlational evidence and without recommending a scientifically based alternative? Of course not. The AAP can best support children and families by requiring its policy statements to be based upon more objective summaries of the full range of relevant scientific evidence.

## References

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4. Ferguson CJ. Spanking, corporal punishment and negative long-term outcomes: A meta-analytic review of longitudinal studies. *Clinical Psychology Review*. 2013;33:196-208.
5. Larzelere RE, Gunnoe ML, Ferguson CJ. Improving causal inferences in meta-analyses of longitudinal studies: Spanking as an illustration. *Child Development*. 2018;89(6):2038-2050.