

# Testing parents' patience, while treating kids' problem behavior

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Humans have a focus on the short term. We are more interested in a potential benefit if we can get it now. The ability to delay gratification has been studied in children with the "marshmallow test": a child can have one treat now, or two if he or she can wait a few minutes without gobbling the first treat.

Psychologists and economists have shown that similar trends can be observed and measured in many spheres of life. They call the tendency for the perceived value of a delayed benefit to diminish "delay discounting."

Now researchers at Marcus Autism Center are studying delay discounting as it applies to parents' decision-making, when it comes to engaging in treatment for their children's problem behavior.

Their initial report is published in *Journal of Autism and Developmental Disorders*.

Lead author Nathan Call, PhD, director of Severe Behavior Programs at Marcus Autism Center, Children's Healthcare of Atlanta and assistant professor of pediatrics at Emory University School of Medicine, says his team's work is aimed at designing treatment programs that families can stick to, and helping them do so.

Call's co-authors were biostatisticians Scott Gillespie and Courtney McCracken, PhD in the Department of Pediatrics, Mindy Scheithauer at Marcus Autism Center, and Andrea Reavis, now at Trumpet Behavioral Health.

Effective behavioral treatments for children displaying [problem behaviors](#) exist, but immediate success is not guaranteed. On the part of parents, they require commitment, active adherence and work.

"It is not unusual for treatments for such severe problem behavior to require implementation by

caregivers for 6 months or more to achieve positive outcomes," the authors write.

"Here's the frustrating moment for me as a clinician," Call says. "It's my job to meet with parents, and develop strategies and programs that we think will work. At the start, parents are committed. If you ask them to say how important is it to you to address these problems, on a scale from 1 to 10, they will say '11', but within a couple months, some parents decide, 'We're not going to do this.' "

Call says that in response to signs of delay discounting, clinicians may be able to modify treatment programs to emphasize smaller, but more immediate treatment successes, or assign additional support resources if necessary.

In the new paper, Call and his team gave 17 parents a series of choices, one set based on [monetary rewards](#) and another set based on treatment for their child's behavior. The children's most common diagnosis was [autism spectrum disorder](#), and the most common problem behaviors were aggression, disruptive behavior and self-injury.

In the test for monetary rewards, the choice was between \$1000 after a delay, or a lesser amount immediately. Similarly, parents were offered a hypothetical treatment program that would stop their child's problem behavior. They could choose between a program that would be effective for 10 years and would start after a delay, and a program whose benefits would start right away but would last for less time.

"The value these participants placed upon the outcome of a treatment for their child's problem behavior consistently decreased the longer that outcome took to be achieved," the authors write.

To be sure, when treatment to reduce problem

behavior works, the effects are gradual, frequently incomplete, and it is difficult to predict the degree of success with certainty. Call says his team's follow-up studies are taking these uncertainties into account. Additional research could examine whether delay discounting tends to vary according to the age of the child or other family factors.

"We're not surprised delay discounting appears in the realm of parental decision-making," he says. "Clinicians know this is a problem. But I think if we can measure it, we can possibly predict it or change it. Because so much is known about delay discounting in other areas, we can capitalize on that knowledge and use it to help us translate our findings into best practices."

**More information:** *J Autism Dev Disord.* 2014 Sep 30. [Epub ahead of print].  
[www.ncbi.nlm.nih.gov/pubmed/?term=call+n+AND+delay](http://www.ncbi.nlm.nih.gov/pubmed/?term=call+n+AND+delay)

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