

Can No Hit Zones Prevent ACEs and Promote PCEs?

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April 8,2022

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.

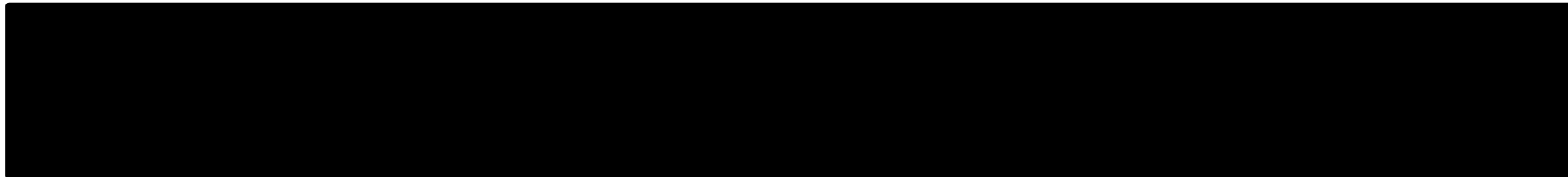
What we are looking at is a continuum of violence toward children and want to eliminate anything along the continuum

No HIT Zone Policy



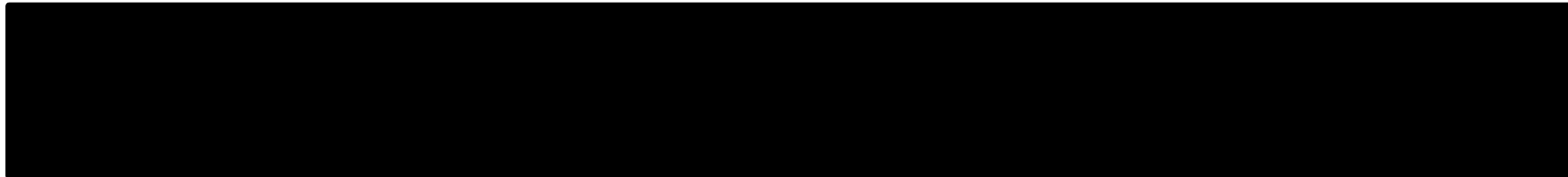
PURPOSE

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



Interruption

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

Local Resources:

No Hit Zone

First 5/Family Recourse Center
(408) 260-3700

School Health Clinics of Santa Clara County
Mental health services:
(408) 284-2280

Child Advocacy Center of Santa Clara County
www.countyda.sccgov.org
(669) 299-8800

Parents Helping Parents
(408) 727-5775

Valley Medical Center Emergency Medical Care
(408) 885-5000

School Health Clinics of Santa Clara County

CLINIC LOCATIONS:

Franklin-McKinley Neighborhood Clinic:
645 Wool Creek Drive, San José - (408) 283-6051

Gilroy Neighborhood Clinic:
9300 Wren Ave, Gilroy - (408) 842-1017

Overfelt Neighborhood Clinic:
1835 Cunningham Ave, San José - (408) 347-5988

San José High Neighborhood Clinic:
1149 E. Julian St, San José - (408) 535-6001

Washington Neighborhood Clinic:
100 Oak Street, San José - (408) 295-0980
(serves children & adults)

No Hit Zone

School Health Clinics
OF SANTA CLARA COUNTY

School Health Clinics of Santa Clara County promotes a **safe, secure, and supportive** environment for all of our children, adults, families and staff in order to create a positive parent-child relationship and reduce the harm that hitting causes children.

Did you know:

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Tools for parents:

- Bring your child's favorite toy or activity to keep them occupied.
- Talk to your child and explain why

SHC NHZ trifold brochure(reverse side-with PCE and discipline education)

(408) 727-5775
Valley Medical Center
Emergency Medical Care
(408) 885-5000
info@schoolhealthclinics.org

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 behaviors.
- 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.

School Health Clinics
OF WASHINGTON COUNTY

APSAC NHZ Tip sheets for Parents by age: Sample 12-24 months

Here are the pdfs of the brochur

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NHZ_Materials Entire_PDF_set Printi...ed_to_purchasing_agency_use_only...pdf

Open with Google Docs

NO HIT ZONE

Tips for Parents of Young Toddlers (12-24 months)

DANGER – (TOUCHING STOVE/ELECTRICITY/RUNNING INTO STREET/LEAVING WITHOUT AN ADULT)
Toddlers are very curious and learn by touching and exploring. Toddlers are too young to understand danger. Baby-proof home by keeping valuables and dangers such as cords, toys with small parts, medicines, cleaning supplies away from the toddler. Identify a safe location in your house where toddler can safely explore.

WHINING
Toddlers whine for a variety of reasons. Whining is an attempt to self soothe. A toddler may be bored, hungry or tired or may just want to connect with you.

INSTEAD OF SAYING ... TRY ...

"I can't understand you when you talk like this"

- "I would like to hear you. Come, sit next to me."

"Don't make me give you something to cry about."

- Try distraction: "Look at this, we have [object, snack]!" OR
- "You would like for me to listen, and you sound very frustrated."

SAYING "NO" WHEN YOU ASK THEM TO DO SOMETHING
It is normal for toddlers to say "no" a lot, even if child means "yes". It is still important to have rules and set limits.

INSTEAD OF SAYING ... TRY ...

"Clean up this mess right now!"

- "Let's see how fast you can put all the [toys] away!" OR Let's clean this mess up together!

"Don't disobey me!"

- "Let's put all [toys] away so we can [watch a movie]." Then tell you are being impatient."

TEMPER TANTRUMS
Toddlers often have temper tantrums when they are hungry or tired. Sometimes they have tantrums out of frustration when they cannot use words to say what they want. Your child needs your help to calm down and to feel heard.

INSTEAD OF SAYING... TRY ...

"Stop crying right now!"

- "I know it's hard to leave [the playground] when you're having fun." Or, I know you really want that [toy]. Let play with it later" OR Let's try again. Take a deep breath.

"You are so bad!"

- "I see that you are really mad because [...]" OR I hear how really angry you are.
- "Let's go over here where it's quieter." OR
- "Those words and actions don't help us find a solution. Would you be willing to..."

Sometimes the best option is to just quietly and calmly stay with your child as your child is not hurting herself or anyone else.

BEING AGGRESSIVE
Toddlers commonly bite, hit and grab things from others. Praise good behavior.

INSTEAD OF SAYING ... TRY ...

"You are so mean, don't hit!"

- "When you [hit, bite] your [brother], it hurts him and he feels sad." Saying, "It's OK to be angry, but I won't let you hit. We need to keep everyone safe." OR
- "You had something important you wanted to say."
- "Let's find something else to play with."
- "It's your [sister]'s turn with the [train]. Or, I will help you wait until it's your turn."

"You are a bad boy/girl!"

- "Let's find something else to play with."
- "It's your [sister]'s turn with the [train]. Or, I will help you wait until it's your turn."

GETS INTO THINGS
A toddler learns by exploring and touching. Prevention is best. Place

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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”

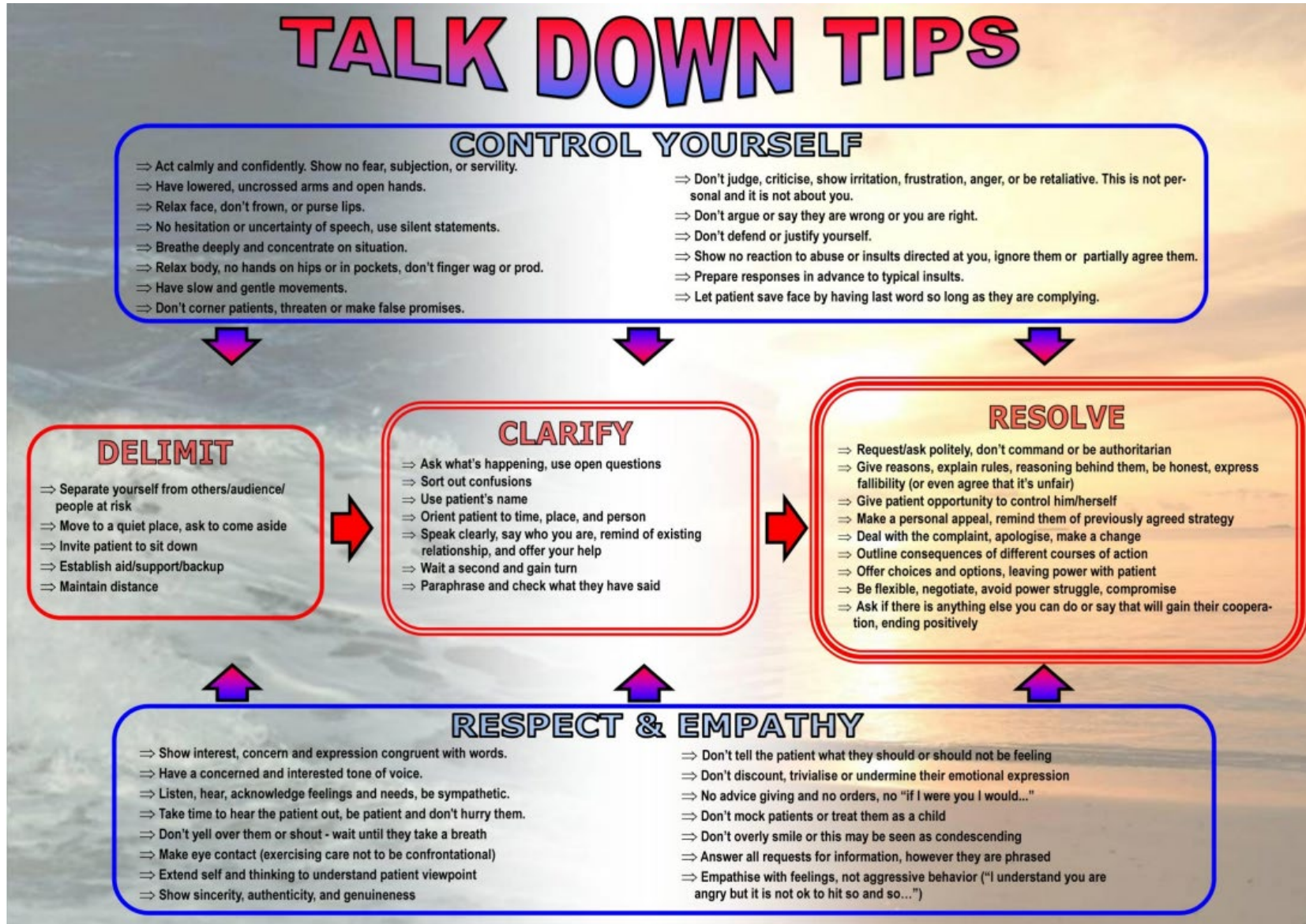
- Control yourself=composure
- Anger + a weapon=danger
- Triggers: HR, BP, and adrenalin increase
 - Lead to anger and behavior change
- Anger expression: express aggressively
- Anger control : controlled expression

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”

Our Handy Guide

(Bowers, 2014) tinyurl.com/myf86dy



(use the word “Structure” instead of “Delimit”)

DELIMIT

- ⇒ Separate yourself from others/audience/people at risk
- ⇒ Move to a quiet place, ask to come aside
- ⇒ Invite patient to sit down
- ⇒ Establish aid/support/backup
- ⇒ Maintain distance



CLARIFY

- ⇒ Ask what's happening, use open questions
- ⇒ Sort out confusions
- ⇒ Use patient's name
- ⇒ Orient patient to time, place, and person
- ⇒ Speak clearly, say who you are, remind of existing relationship, and offer your help
- ⇒ Wait a second and gain turn
- ⇒ Paraphrase and check what they have said



RESOLVE

- ⇒ Request/ask politely, don't command or be authoritarian
- ⇒ Give reasons, explain rules, reasoning behind them, be honest, express fallibility (or even agree that it's unfair)
- ⇒ Give patient opportunity to control him/herself
- ⇒ Make a personal appeal, remind them of previously agreed strategy
- ⇒ Deal with the complaint, apologise, make a change
- ⇒ Outline consequences of different courses of action
- ⇒ Offer choices and options, leaving power with patient
- ⇒ Be flexible, negotiate, avoid power struggle, compromise
- ⇒ Ask if there is anything else you can do or say that will gain their cooperation, ending positively

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

Richmond, J.S., Berlin, J.S., Fishkind, A.B., Holloman, G.H., Zeller, S.L., Wilson, M.P., Rifai, M.A., & Ng, A.T. (2012)

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).

Family Handout

the-4-BB-families.pdf

positiveexperience.org/wp-content/uploads/2021/05/the-4-BB-families.pdf


1 / 3 90%

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

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 during 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 child(ren)?

- 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 child(ren)?
- 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. It takes a village, and the larger your child's village, the more opportunities they have for

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