

Staff Learning in a “No Hit Zone (NHZ)” Training

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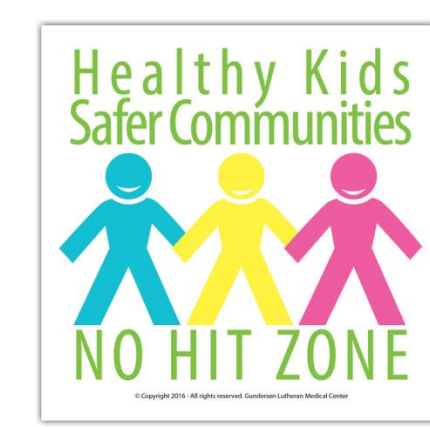
² Rochester Regional Health System



INTRODUCTION



• The American Academy of Pediatrics (AAP) opposes physical punishment of children



• “No Hit Zone (NHZ)” initiatives in medical centers aim to prevent child physical punishment through **staff awareness, education, and skill building**



• Healthcare professionals' individual attitudes and practices toward child physical punishment vary

• There is currently no outcome data related to the impact of NHZ training on individual's intervention behavior



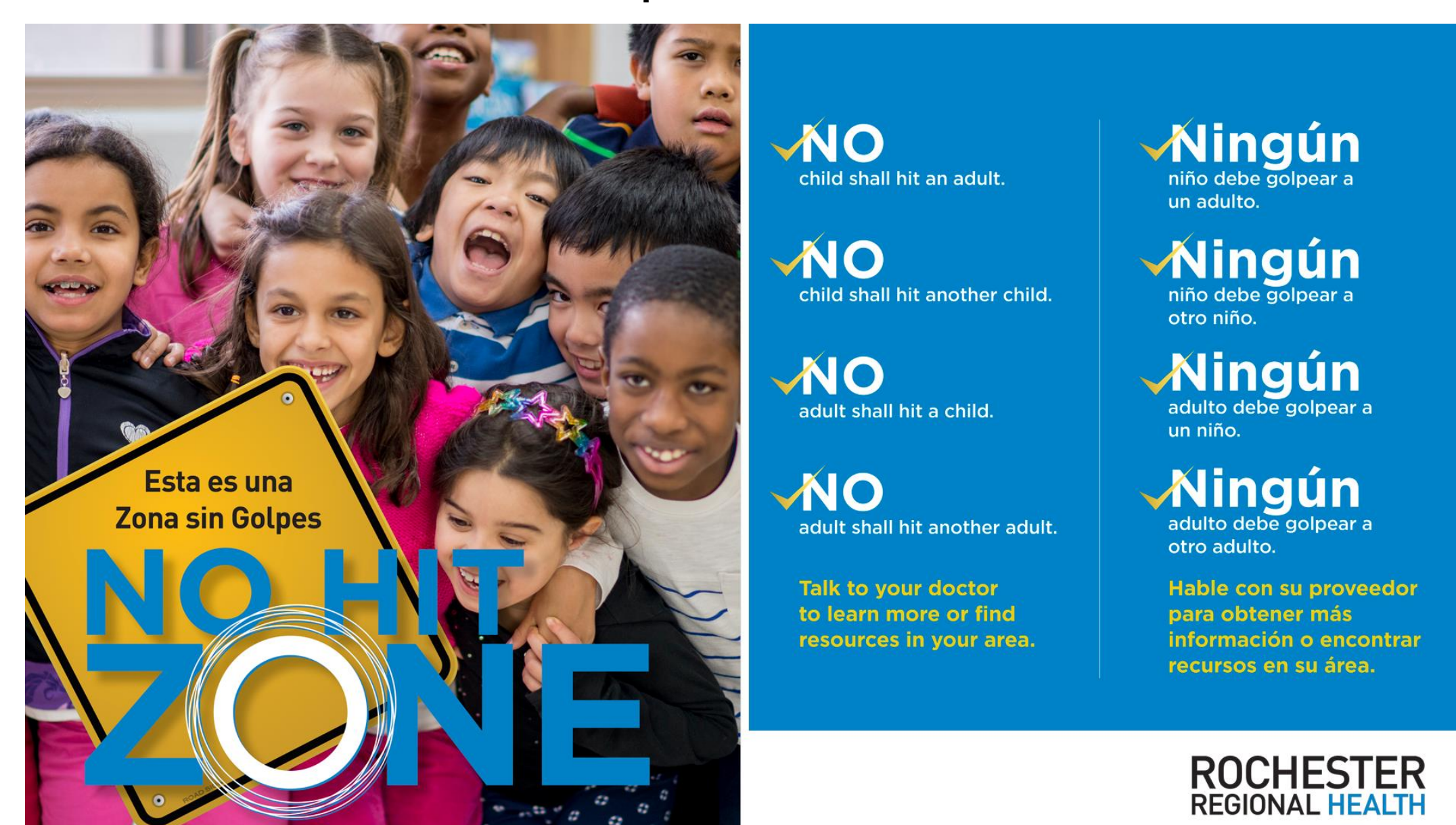
• “Gatekeeper training” is an established intervention paradigm for **detecting, providing immediate support, and referring individuals** at risk for negative behavior



• “Gatekeeper training” may be one way to systematically train all **direct and non-direct care** staff when child physical punishment is observed or suspected

INTERVENTION – GROUP NHZ TRAINING

- Mandated for all RGPA staff, including:
 - **Direct care** (MD, DO, PhD, PsyD, NP, LCSW)
 - **Non-direct care** (LPN, access associates, medical office personnel)
- 30-minute didactic presentation given by psychologists
- Content included:
 - Introduction to NHZ policy and procedures
 - Research findings related to child physical punishment
 - De-escalation techniques



RESEARCH QUESTIONS

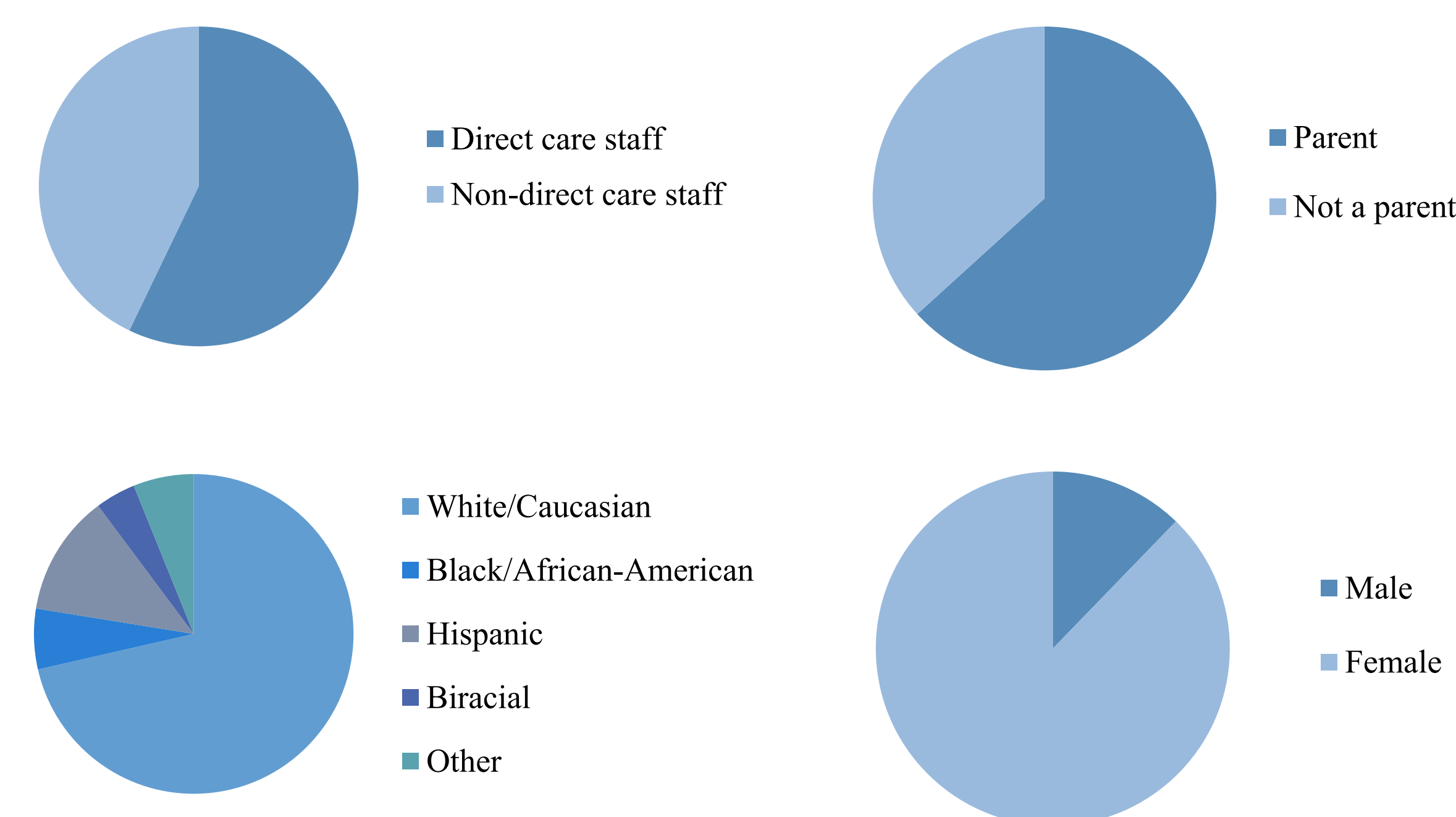
1. Exploratory analysis of staff self-reported:
 - Personal attitudes toward child physical punishment
 - Perceived co-worker attitudes toward physical punishment
 - Knowledge about physical punishment
 - Gatekeeper behaviors

Participant responses were assessed with a variety of questions ranted on a 5-point scale from 1 = strongly disagree to 5 = strongly agree. Summary scores were computed for each variable.

2. What is the effect of NHZ training on these variables?

PARTICIPANTS (N = 49)

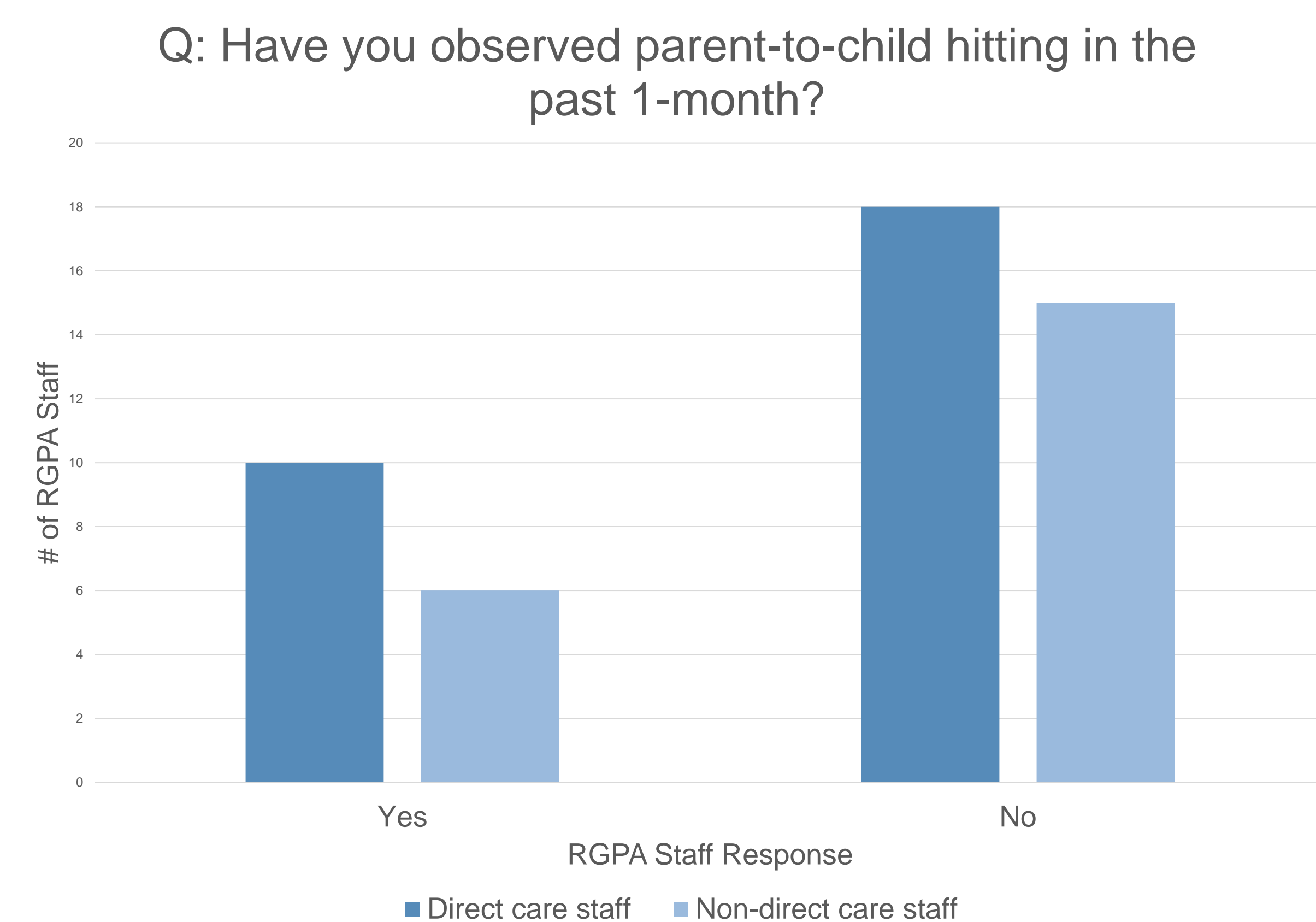
Exploratory Analysis at Pre-NHZ Training



RESULTS

Exploratory Analysis Pre-NHZ Training

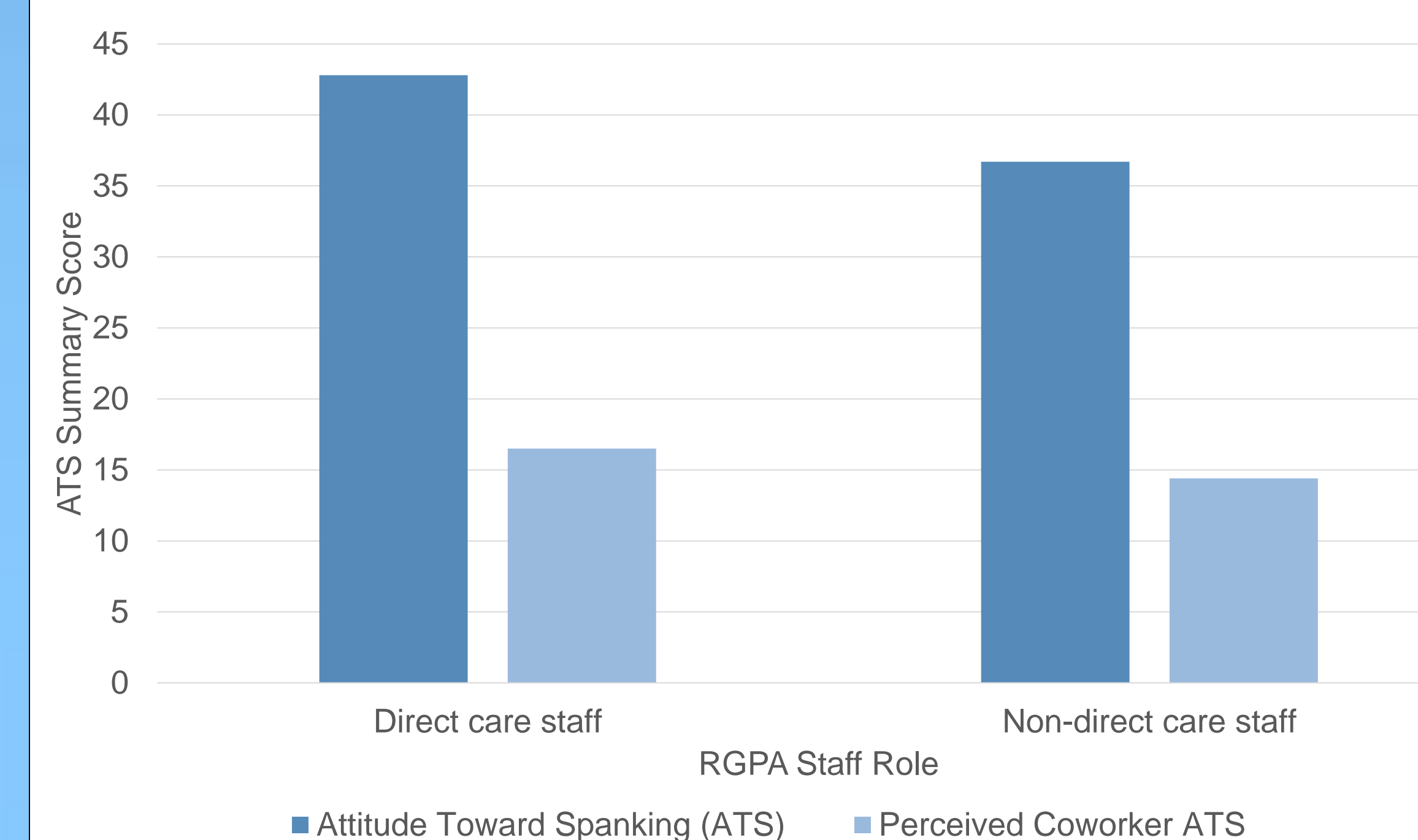
Do direct and non-direct care staff observe hitting? **YES**



RESULTS (CON'T)

Do direct and non-direct care staff attitudes toward child physical punishment vary? **NO**

RGPA Staff's Personal Attitudes Toward Child Physical Punishment



Attitudes Toward Spanking Scale:

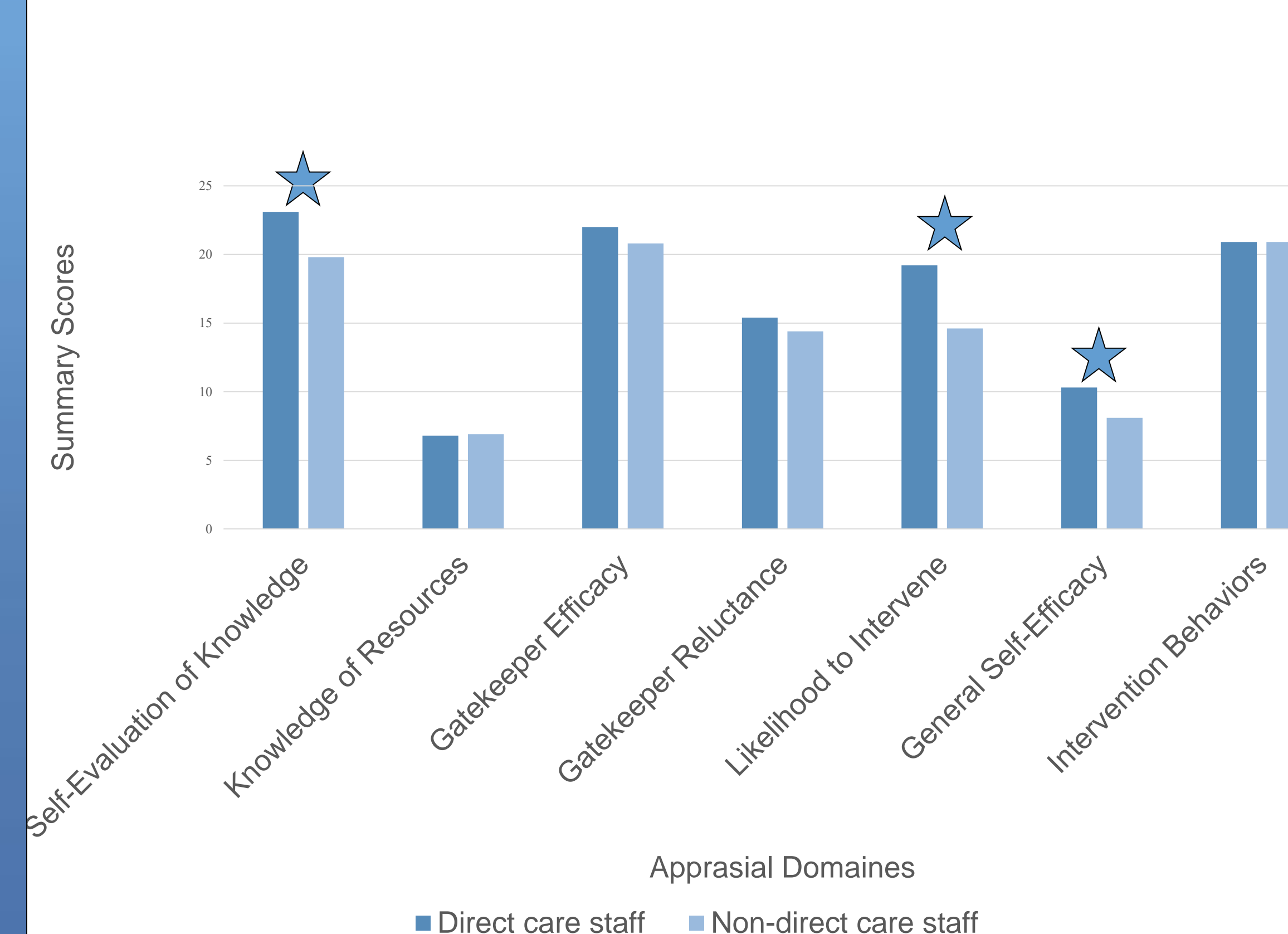
range 9-45, High = Unfavorable

Perceived Coworker Attitudes Toward Spanking Scale:

range 4-20, High = Unfavorable

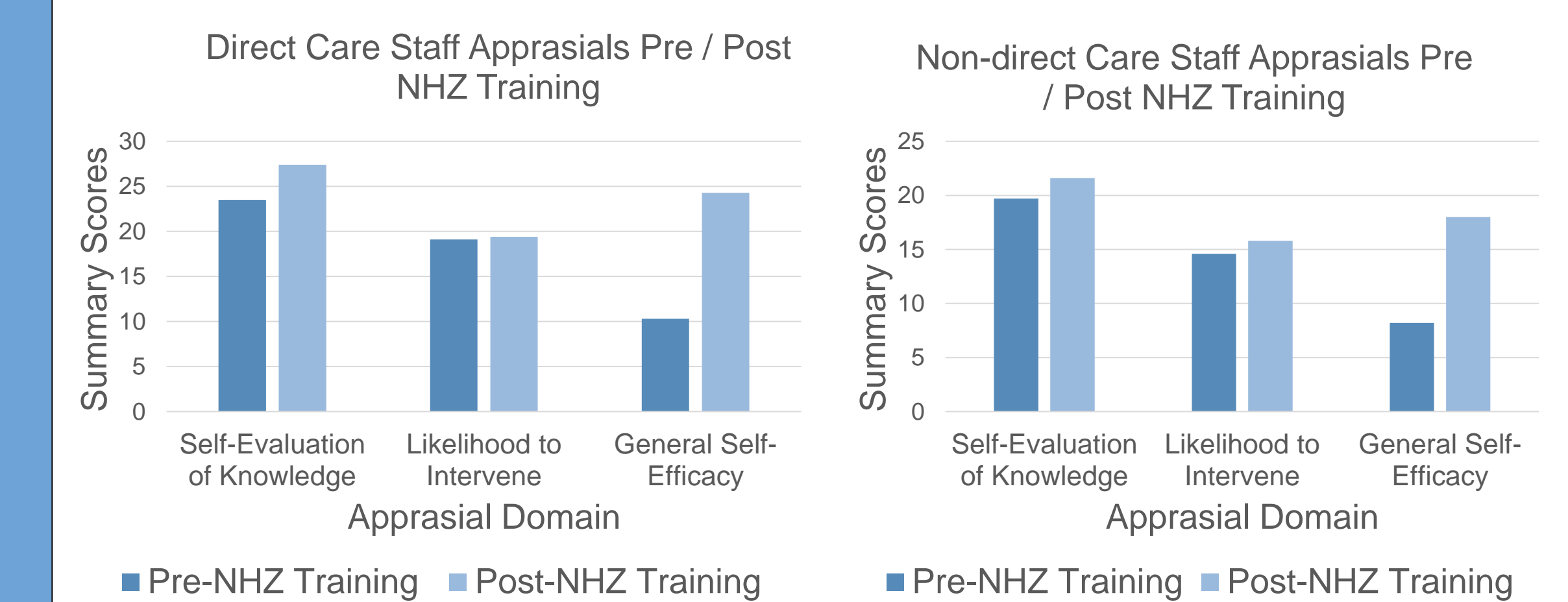
Do direct and non-direct care staff appraisals of knowledge and gatekeeper behaviors vary? **YES**

RGPA Staff Appraisals



RESULTS (CON'T)

Do direct and non-direct care staff appraisals change following “No Hit Zone” training? **YES**



CONCLUSIONS & FUTURE DIRECTIONS

- Child physical punishment is observed by both direct and non-direct care staff at RGPA
- Both direct and non-direct care staff report unfavorable attitudes toward child physical punishment
- Prior to NHZ training, direct care staff report greater Self-Evaluation of Knowledge, General Self-Efficacy, and Likelihood to Intervene compared to non-direct care staff
- Both direct care and non-direct care staff report increased appraisal of their skills following NHZ training
- Group NHZ training may be appropriate in clinical settings where all staff are expected to intervene
- Limitations & Future Directions: Individuals' intervention behavior was not directly observed in this study. Future research should examine individuals' intervention skills following NHZ training to assess validity of this intervention.

REFERENCES

Available upon request

ACKNOWLEDGEMENTS

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