

Comparative Study

Exploring Positive Punishment Approaches for Neurodivergent Children: A Comparative Study

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ABSTRACT

This study explores the utilization of positive punishment strategies among professionals working with neurodivergent children, distinguishing between practical-oriented occupational therapists and speech therapists and theoretical-oriented psychologists. It aims to identify and analyse positive and negative themes related to the use and understanding of positive punishment techniques in these approaches. Thematic analysis reveals two main themes: positive (including sensory approaches, gradual interventions, and empathy) and negative (highlighting fear tactics and ethical concerns) themes. These negative aspects differ between professional groups, revealing distinct challenges. The research highlights the importance of understanding both theoretical and practical approaches used by specialists working with neurodivergent children. Recommendations include infusing psychological concepts into occupational therapy and speech therapy and enhancing psychologists' curricula and practical exposure. Ethical considerations and interdisciplinary collaboration are emphasized in designing interventions for neurodivergent children.

Keywords: *Neurodivergent, Punishment, Reinforcement, Multidisciplinary Approach*

The rise in neurodevelopmental disorders has led to debates about its causes, with some attributing it to better diagnosis and awareness. Interdisciplinary teams, including occupational therapists, physiotherapists, psychologists, speech therapists and special educators play a pivotal role in providing comprehensive care for neurodivergent individuals.

Transition-related challenges are prevalent among neurodivergent children, causing significant anxiety. Moving to unfamiliar places, shifting between caregivers, or transitioning between activities can induce distress. These children often seek comfort in familiar environments and rapport with specific individuals who understand their unique communication and needs. Predictable routines offer solace, and the uncertainty of unfamiliar tasks can trigger anxiety. As clinicians, we frequently observe a recurring pattern in these children's behaviours during transitions.

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Martin Seligman's Experiment (1967)

Martin Seligman in the year 1967, conducted an experiment involving a dog in which the canine was exposed to an experimental condition where the floor received an electric shock every time a light turned on. The dog initially learned to jump over a partition to the other side, where there were no shocks upon seeing the light. Over time, the dog discerned a slight delay between the light turning on and the shock occurring, prompting it to jump right after the light to avoid the shock. As the trials progressed, Seligman incrementally raised the height of the partition, making it increasingly challenging for the dog to jump over. Eventually, the dog struggled and failed, receiving a shock. Surprisingly, this setback seemed to motivate the dog to try harder in subsequent trials, and it successfully avoided the shocks.

However, a significant development occurred when, after a series of trials in which the dog couldn't jump over the partition and curled up in a corner to await the shock, Seligman lowered the partition back to its original height—allowing the dog to walk over and save itself. Strikingly, the dog remained in the corner and continued to receive shocks, displaying a phenomenon that Seligman termed "learned helplessness." This concept forms the basis of our understanding of depression.

Julian Rotter (1954)

Julian Rotter, in his work from 1954, introduced the concept of "locus of control," which pertains to an individual's perception of the underlying causes of life events. This concept encompasses two distinct orientations: internal locus of control and external locus of control. In the case of an internal locus of control, individuals attribute their successes and failures to their own actions and decisions. Conversely, an external locus of control leads individuals to ascribe life events to external factors beyond their control.

Drawing a connection between Seligman's experiment and Rotter's theory, it becomes apparent how the locus of control of the dog in the experiment shifted from an internal locus of control initially, where it believed it could save itself, to an external locus of control. Even when the partition was lowered, the dog continued to perceive external factors as being in control of its situation.

This shift in perception offers valuable insights into the experiences of individuals with depression. They often struggle to see beyond the clouded lens of their own minds, where their perception and beliefs have transformed. They perceive external factors as overwhelmingly influential, rendering them helpless regardless of the actual circumstances. This phenomenon aligns with the concept of "learned helplessness" and plays a fundamental role in understanding depression.

In the realm of neurodivergent individuals, particularly children undergoing early intervention and those under the age of 15, the heightened susceptibility to anxiety and depression is a matter of profound concern. Positive punishment, a method involving the introduction of an adverse stimulus to curtail undesirable behaviours, is applied by both parents and specialists in this domain.

B.F Skinner (1937)

B.F. Skinner, in his work in 1937, introduced the conceptual framework of reinforcement and punishment, categorizing each into two distinct forms: positive and negative. Notably, therapeutic methodologies such as Applied Behaviour Analysis draw upon these theoretical

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foundations to shape behavioural patterns. However, the implementation of such strategies warrants meticulous examination.

Critical to this analysis is the pivotal distinction between consequence and punishment. Punishment carries inherent risks, including the potential to generate feelings of superiority, trauma, rebellion, or a perception of unfair treatment among the individuals subjected to it. Conversely, consequences, by their nature, are more readily accepted. They aim to effect positive change without diminishing the recipient, fostering logical learning without coercion, pressure, or dismissal.

Moreover, the deployment of practices like positive punishment, which may inadvertently render a child feeling powerless and subsequently mould a submissive temperament characterized by acquiescence and dependence, raises valid concerns. These interactions between child and caregiver or therapist could potentially engender profound childhood trauma.

METHOD

Utilizing a qualitative research framework, this study conducted semi-structured interviews encompassing 10 vignettes and 2 questions. These vignettes were strategically designed to shed light on the behavioural challenges encountered by therapists working with the neurodivergent population, spanning ages 2 to 11. The primary aim of this research was to examine the variance in approaches between specialists from practically oriented fields (Occupational Therapists & Speech Therapists) and theoretically oriented fields (Psychologists) concerning positive punishment strategies. The participants, totalling seven, included three speech therapists, two occupational therapists, and two psychologists. Their task was to elucidate their strategies in managing each case based on their professional methodologies. Subsequently, thematic analysis was employed to analyse the data, leading to the identification of two core themes: one highlighting positive aspect and the other focusing on negative aspects.

RESULT

Positive Themes – Speech and Occupational Therapists Response

Effective communication, therapists emphasized the use of Augmentative and Alternative Communication (AAC) tools and clear language to express emotions and prepare children for activities: "We can go with something called Picture Book; she can express something through that."

Understanding and empathizing with children exhibiting anxiety and resistance due to communication challenges were essential: "She is not able to communicate... She is not able to express her feelings emotions."

Tailoring interventions to each child's unique needs and abilities is central to effective therapy. Therapists advocated for personalized assessments and gradual, activity-based interventions: "I would check where the child stands... I will make some goals... and work."

Collaboration among therapists with distinct roles is essential for comprehensive care: "This is a combination of three professions... every professional has a different role."

Addressing sensory needs emerged as crucial in therapy. Therapists discussed using sensory integration approaches and providing sensory breaks: "I will give a lot of sensory breaks."

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Effective preparation and gradual exposure can help alleviate anxiety and resistance in children: "I can explain what I'm doing to her... prepare the child before I start the activity."

Incorporating enjoyable activities is a motivating strategy to boost performance and self-esteem: "So that the child will believe that she will be able to do the same."

Cognitive behaviour therapy can be effective in addressing specific behaviour-related issues, focusing on modifying thought patterns: "For him, we can also add cognitive behaviour therapy."

Positive reinforcement methods, such as token economies and high-value reinforcements, were noted as effective in motivating children: "We have to give them high-value reinforcement."

Negative Themes – Speech and Occupational Therapist Response

Within the realm of therapy for neurodivergent children, several negative themes emerged from therapists' practices and discussions. One prevalent theme revolved around the oversimplification of a child's behaviour. Some therapists oversimplified children's behaviours, attributing them solely to frustration or avoidance without delving into underlying causes. One therapist expressed this by saying, "But we see the frustration in the kids having difficulties in a normal human behaviour. I am something that they are not confident is the usually try to avoid I the way is to express by crying. It's a very easy way to express them to show that they're not okay or they don't want that."

Another concerning theme was the insignificant understanding of emotional dysregulation in some therapists. They demonstrated a limited understanding of emotional dysregulation, especially in failing to adequately address impulsive behaviours and sensory issues. One therapist remarked, "This is a six-year-old child with emotional dysregulation. I believe in impulsive behaviours and even I see some sensory issues with this child like you scared of spinning toys..."

Ineffective behaviour management strategies were also a noteworthy theme, with therapists describing approaches that lacked clarity and specificity. For instance, one therapist mentioned, "If he's choosing his mother then I will ask him you want to see your mother, so I will be giving the child a lot of words to express himself."

A theme centered around therapists sometimes displaying a lack of empathy or knowledge when dealing with children with Specific Learning Disabilities (SLD). One therapist stated, "The kids used to do this. When we asked them to write, they will cry. They will say some other reason for escaping."

Furthermore, therapists sometimes ventured into suggesting treatment methods beyond their expertise, despite acknowledging their professional limitations. One therapist explained, "As an SLP, I really don't know much about the reading and writing, and how is the reading and writing can be improved, but what I have seen, what my fellow therapists do, so engaging the child, and you know, to start with the writing..."

Vague recommendations also emerged as a theme, where therapists offered suggestions without clear implementation strategies. The theme of vague recommendations emerged, where therapists offered suggestions without clear implementation strategies. This lack of

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specificity was highlighted in a therapist's comment: "Maybe she has a difficulty in understanding. So, she wants a repetition of the instruction to make herself perfect."

Perhaps the most critical negative theme was the occasional use of fear-inducing tactics and positive punishment. Therapists occasionally described the use of fear-inducing tactics and positive punishment, which may not align with best practices in therapeutic settings. One therapist mentioned, "I have to go a little bit 'rude.' Some strategies I will try to avoid, if you're not doing, you're not listening then I will take you to the dark room."

In 2012, Valentina Nanni and colleagues conducted a significant research study highlighting the profound impact of childhood maltreatment. Their meta-analysis, incorporating data from 16 epidemiological studies, revealed a troubling link between childhood maltreatment and an elevated risk of recurrent and enduring depression. Building on this foundation, a 2020 study led by Kathryn L. Humphreys further emphasized this connection. It found that individuals with higher scores indicating a history of child maltreatment were more likely to receive a depression diagnosis. These studies collectively underscore the lasting and concerning consequences of childhood maltreatment on mental health, emphasizing the need for early intervention and support to reduce depression risk in those who have experienced such adversity.

Another theme involved therapists using incorrect or confusing terminology, potentially leading to misunderstandings or misapplications of techniques. For instance, one therapist stated, "So the child understands that what is that it was wrong but they still did it. But they're perceiving that it's okay. So sometimes we have to give the negative reinforcement which we also called it as a punishment."

Additional findings enrich our discussion. Jeanne McCauley's (2013) study underscores the lasting impact of childhood abuse on women, indicating that those who experienced abuse in childhood but not adulthood exhibited numerous adverse effects. These included heightened physical symptoms, increased levels of depression, anxiety, somatization, and interpersonal sensitivity, along with an elevated likelihood of engaging in substance abuse, a history of alcohol abuse, suicide attempts, and psychiatric admissions. Furthermore, Liu Liu's (2023) research highlights the gender-specific dimension of childhood abuse. It reveals that male students experienced more childhood physical and mental abuse, subsequently mediating their involvement in school bullying through depression.

Positive Themes – Psychologist Response

Play-based therapy was highlighted as a crucial approach for building a child's confidence and trust in therapy sessions. As one psychologist explained, "First you have to do floor play or anything, a lot of play activities. She has to get confidence."

Picture communication was emphasized for its effectiveness in aiding communication. "Whatever you are trying to communicate with her, start with the pictures. So then, it will be very clear for her," noted a psychologist.

The use of positive reinforcement was recognized as essential to motivate children and reinforce desired behaviours. According to one psychologist, "So this is what we are going to do these two activities. After that, we will give you the break."

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The professional's behaviour and approach were deemed significant, with psychologists advocating for negotiation and assertiveness instead of overly controlling commands. "If you're controlling him, if you're giving a command or instruction they don't like. Instead of that, you should do negotiation,".

Preparation and exposure were considered crucial strategies to reduce anxiety during therapy sessions. "Giving the child a kind of a heads up so the activity is about to end and we are going to go to the next one".

Effective behaviour management strategies and negative reinforcement involved understanding the child's preferences and using them as incentives, as highlighted by one psychologist: "Likes to do puzzles, so you don't give that because you have to tell that this is what you did, so I'm not going to give that."

Collaborative approaches involving other professionals, such as occupational therapists, were recognized as valuable for comprehensive care.

Psychologists stressed the importance of individualized approaches tailored to each child's unique needs and preferences. "First of all, we can start with picture exchange communication, keep all basic needs pictures. Instead of crying, you point, I will give you that," recommended one psychologist.

Lastly, the potential effectiveness of cognitive-behavioural therapy (CBT) for certain children, especially older ones with specific challenges, was acknowledged. "11 years old, so it will work for him. Only motor coordination difficulty is there. So, if you start with CBT, he can pick up," noted a psychologist.

Negative Themes – Psychologist Response

Lack of confidence emerged as a significant negative theme in the therapists' responses. This lack of confidence was reflected in their frequent use of the word "maybe" when discussing potential therapeutic strategies. For instance, one therapist mentioned, "Maybe by physically prompting," while another said, "Maybe giving the child a kind of a heads up." These responses, although containing valid and appropriate suggestions, were tinged with uncertainty.

This theme raises concerns about the therapists' confidence in their own expertise and decision-making abilities. It's essential for therapists to have confidence in their chosen strategies and approaches to effectively help children with special needs. Confidence not only instils trust in the therapeutic process but also enhances the therapist-child relationship, which is vital for successful interventions.

DISCUSSION

The comparison of responses between practical-oriented professionals (speech and occupational therapists) and theoretical-oriented psychologists reveals distinct approaches when working with neurodivergent children, particularly concerning positive punishment strategies.

Practical-oriented professionals emphasize personalized communication, sensory considerations, gradual interventions, and practical behaviour modification methods. They excel in individualization and hands-on techniques. However, they occasionally oversimplify

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behaviours, use ineffective behaviour management strategies, used fear tactics and suggested treatment methods beyond their expertise.

In contrast, theoretical-oriented psychologists emphasize clear communication, empathy, individualized approaches, and ethical considerations. They bring a strong theoretical foundation and clarity to their practice. Notably, psychologists did not exhibit the negative themes observed in practical-oriented professionals. There is a significant difference between both groups regarding their approach to positive punishment in treatment.

In summary, this research has highlighted the divergent approaches employed by practical-oriented professionals (speech and occupational therapists) and theoretical-oriented psychologists when providing care for neurodivergent children, particularly in the context of implementing positive punishment strategies. While both groups exhibit strengths and areas for potential improvement, it is clear that a collaborative and complementary approach could greatly enhance the quality of care extended to these children.

Practical-oriented professionals, namely occupational therapists and speech therapists, can bolster their capabilities by integrating practical applications of psychological theories into their existing curricula. This includes incorporating essential psychological concepts that are currently absent from their training. By infusing their practices with psychological principles, these professionals can enrich their methodologies and offer more comprehensive care. Conversely, psychologists can further enhance their effectiveness by gaining practical exposure and real-world experience during their training. This hands-on experience would complement their robust theoretical foundations and equip them with the necessary skills to navigate the intricate challenges of working with neurodivergent children.

Throughout this study, ethical considerations and the importance of interdisciplinary collaboration have emerged as central themes in both groups' approaches. These principles should always take precedence when crafting interventions for neurodivergent children. The ethical well-being of these children must remain a top priority, and it is imperative to encourage collaborative efforts among professionals from diverse backgrounds to ensure the most holistic and effective care possible.

Limitations and Scope

The research encountered certain limitations that warrant consideration. Firstly, the study was constrained by its relatively small sample size, comprising seven participants. Additionally, the participants exhibited variations in years of professional experience, potentially influencing their responses and perspectives. These limitations imply that the findings may not be fully representative of all specialists working with neurodivergent children.

Furthermore, the scope of this research primarily focused on the comparison of responses between practical-oriented professionals (speech and occupational therapists) and theoretical-oriented psychologists concerning positive punishment strategies. While this scope provided valuable insights into their approaches, it does not encompass the entirety of their diverse practices and methodologies. Future research in this domain could benefit from larger and more diverse participant pools, as well as a broader examination of the multifaceted aspects of their work with neurodivergent children. Such an approach would offer a more comprehensive understanding of the various factors at play in the field and

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provide even greater opportunities for interdisciplinary collaboration and improvement in the care of neurodivergent populations.

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Conflict of Interest

The author(s) declared no conflict of interest.

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