

## Implementation of Punishment to Reduce Tantrum Behavior in Children with Cerebral Palsy

Risca Amani<sup>1</sup>, Rahmahtrisilvi Rahmahtrisilvia<sup>2</sup>, Fitri Maulidazani<sup>3</sup>

<sup>1</sup> Universitas Negeri Padang, Indonesia

<sup>2</sup> Universitas Negeri Padang, Indonesia

<sup>3</sup> Universitas Pendidikan Indonesia Bandung, Indonesia

---

### Corresponding Author:

Risca Amani, Universitas Negeri Padang, Indonesia

Email: [riscaamani@student.unp.ac.id](mailto:riscaamani@student.unp.ac.id)

### Abstract.

Cerebral palsy children have behavioral problems in the form of tantrums. If this tantrum behavior is left unchecked, it will have a negative impact on the child's development and learning process. One of the behavior modification techniques that can be applied to reduce tantrum behavior is punishment. This study aims to see the impact of punishment in reducing tantrum behavior. The research method used is a case study to see the decline in tantrum behavior in cerebral palsy. Data were collected through observation and documentation in the form of recording tantrum behavior in terms of duration and frequency. The results showed that the consistent application of punishment can reduce the frequency of tantrums in children with cerebral palsy from Cycle 1 to Cycle 2. Cycle 1 tantrum behavior appeared four times with a duration of 35 minutes, while in Cycle 2, tantrum behavior appeared twice with a duration of 20 minutes. This shows how important it is to use a scientific approach to manage behavior. Appropriate behavior-based interventions can improve children's social and academic skills and reduce maladaptive behaviors.

**Keywords:** Behavior, Cerebral Palsy, Punishment, Tantrum

### Abstrak.

Anak *cerebral palsy* memiliki permasalahan dalam perilaku berupa tantrum. Jika perilaku tantrum ini dibiarkan akan berdampak buruk bagi perkembangan dan proses belajar anak. Salah satu teknik modifikasi perilaku yang dapat diterapkan untuk mengurangi perilaku tantrum yaitu *punishment* atau hukuman. Penelitian ini bertujuan untuk melihat dampak punishment dalam mengurangi perilaku tantrum. Metode penelitian yang digunakan adalah studi kasus untuk melihat menurunnya perilaku tantrum pada anak *cerebral palsy*. Data dikumpulkan melalui observasi dan dokumentasi berupa pencatatan perilaku tantrum dari segi durasi dan frekuensi. Hasil penelitian menunjukkan penerapan punishment secara konsisten dapat menurunkan frekuensi tantrum pada anak *cerebral palsy*. dari Siklus 1 ke Siklus 2. Siklus 1 perilaku tantrum muncul sebanyak empat kali dengan durasi 35 menit, sedangkan pada Siklus 2 perilaku tantrum muncul 2 kali dengan durasi 20 menit. Hal ini menunjukkan betapa pentingnya menggunakan pendekatan ilmiah untuk mengelola perilaku. Intervensi berbasis perilaku yang tepat dapat meningkatkan keterampilan sosial dan akademik anak dan mengurangi perilaku maladaptif.

**Kata kunci:** *Cerebral Palsy*, *Punishment*, Perilaku, Tantrum

## INTRODUCTION

Tantrums are extreme anger and frustration characterized by crying, screaming, and violent body movements, including throwing things, falling to the floor, and banging your head, hands, and feet on the floor (Carlson et al., 2016). Tantrums are unpleasant and disruptive behaviors that often occur in response to unmet needs or wants, so parents consider this to be bad behavior (Syamsudin, 2013). Tantrums may occur when children are tired, hungry, or uncomfortable, or when unable to have something they want, or unable to express their needs or control their emotions when frustrated. Tantrums last for a few minutes and are disproportionate to the event that triggered them (Daniels et al., 2012).

Tantrum behavior occurs in toddlerhood and the early pre-school years. During this time, children learn to manage their emotions (Calkins & Perry, 2016). Five to seven percent of children aged one to three years experience tantrums lasting at least fifteen minutes, three or more times a week. Poor emotional management during the transition from toddlerhood to school can be an indication of risk for persistent behaviors (Daniels et al., 2012; Wakschlag et al., 2012).

Tantrums are common as language skills develop, and can occur in children with cerebral palsy due to a variety of factors, including frustration, difficulties in communication, and feelings of lack of control. Cerebral palsy is the most common physical disability in childhood and is considered a permanent impairment of movement and posture (Rosenbaum et al., 2007). Children with cerebral palsy due to brain dysfunction are associated with muscles, joints, and bones (Amani et al., 2021). The lives of children with cerebral palsy are affected by their disability. Most researchers note the variability of manifestations of motor, cognitive, speech, emotional, and developmental disorders in children with cerebral palsy (Abidova & Shukuralieva, 2022).

Approximately 2 per 1000 births experience cerebral palsy (Reid et al., 2016). This is reinforced by research (Galea et al., 2019), that the prevalence of cerebral palsy ranges from 1-4 children out of 1000 children born in the world. Cerebral palsy of the spastic type accounts for 70-80%, dyskinetic type accounts for 10-20%, and ataxic type accounts for 5-10% (Patel et al., 2020).

Cerebral palsy can impair speech-related muscle tone and coordination, as well as cognitive and sensory processing abilities. Many parents express difficulty in communicating with their children (Constance et al., 2023). In the psychological and pedagogical literature, according to Abidova and Shukuralieva (2022), there are data on the lack of formation of prerequisites for communicative activity and indirect indications of persistent communication disorders in children with cerebral palsy. If a child with cerebral palsy is unable to

communicate effectively, they may experience frustration and act on those feelings, triggering unwanted negative behaviors.

Tantrums are one of the aggressive behaviors that appear in children with cerebral palsy (Hattier et al., 2012). Tantrum behavior may be shown in the form of screaming, crying, throwing objects, lying, hurting themselves, hurting others, hyperactivity, intrusiveness, and other negative behaviors. If tantrum behavior appears at an age of child development, it is likely to experience problems. In addition, tantrums can affect parents' ability to work with children at home (Rezaie & Kendi, 2020). Tantrum behavior is quite dangerous as it can hurt the child and those around them (Al-Ghwairi & Fraihat, 2021).

Efforts that can be made to overcome tantrum behavior are by providing activities that can distract the child's attention, giving hugs, letting him calm down, understanding the intensity of his anger, identifying his habits and not spoiling him (Rakimahwati & Husna, 2023). When handling tantrums in children with cerebral palsy, it is very important to approach discipline and behavior management carefully and understand the child's condition. To manage unwanted negative behaviors, such as tantrums, is to provide interventions in the form of behavior modification. One of the modification techniques that can be applied is punishment.

Punishment in behavior modification is a technical term with a specific meaning. Whenever behavior analysts talk about punishment, they are referring to the process by which the consequences of a behavior result in a future decrease in the occurrence of that behavior. This is very different from what most people think of as punishment. In common usage, punishment can mean many different things, most of them unpleasant. The everyday meaning of punishment is very different from the technical definition of punishment used in behavior modification (Miltenberger, 2012).

Punishment is a consequence that makes certain behaviors less likely in the future. According to Miltenberger (2012), the thing to consider in punishment is whether a behavior is reduced only temporarily when a consequence is given or the behavior stops in the future. Punishment refers to one of the basic principles used to change or modify individual behavior. Punishment is a stimulus that is physically negative in nature (Sarafino, 2011).

One of the advantages of using punishment is the rapid results achieved in suppressing unwanted behavior, namely tantrums. Especially if advice and reinforcement are no longer effective in reducing tantrum behavior in children with cerebral palsy. Then, punishment techniques can be applied so that the behavior decreases and even disappears (Bouton, 2014). However, before giving punishment, the teacher had told the child the consequences of the tantrum behavior he showed. In this case, the teacher must also pay attention to the cause of the tantrum. So that the punishment technique is right on target and does not harm the child.

## RESEARCH METHOD

This research uses a case study to see a decrease in tantrum behavior in cerebral palsy by using punishment techniques. The purpose of this research is to see, review, and describe the object of research as a whole, then draw conclusions based on the phenomena seen during the research. The subject in this study was one child with cerebral palsy. Data collection techniques are observation and documentation. Documentation in the form of recording the frequency and duration of tantrum behavior in cerebral palsy. Punishment was applied for 2 cycles. Data collected from observation and documentation were analyzed using descriptive techniques. Then the data were tabulated and described analytically and interpretatively. Data were identified, reduced, analyzed by predetermined indicators, and then interpreted to obtain the expected results of the questions in the problem formulation.

## RESULT AND DISCUSSION

Based on the punishment technique that has been applied to cerebral palsy to reduce tantrum behavior, the results show a decrease from Cycle 1 to Cycle 2. The observed aspects are the frequency of tantrum behavior during school lessons and the duration of the tantrum. Tantrum behavior was observed for 2 hours (2x30 minutes). The behavior that arises is usually due to refusing to learn that it has an impact on the children around him. The recording of tantrum behavior can be seen in Table 1 below.

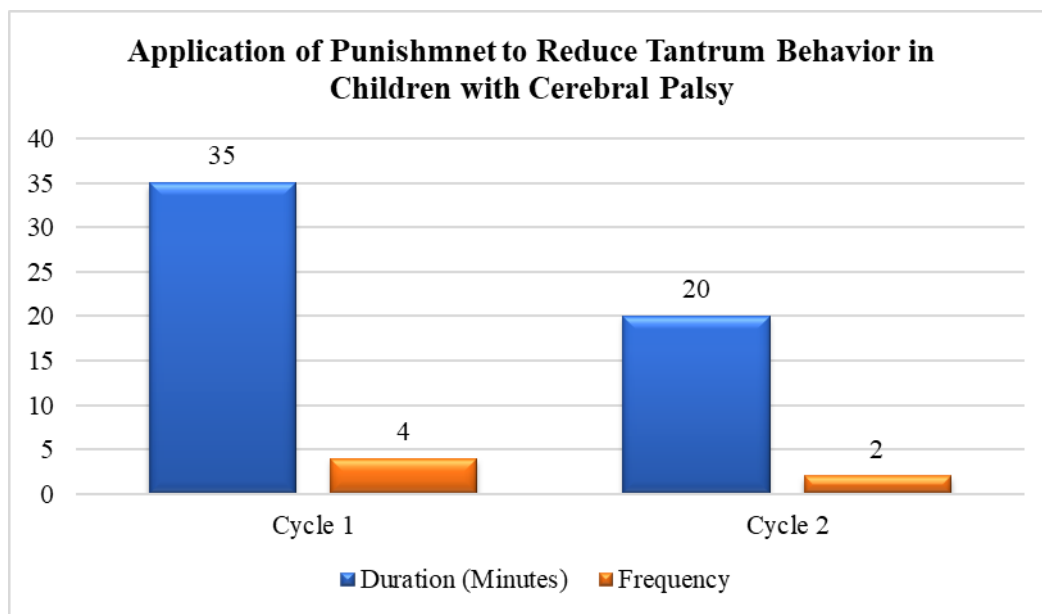
**Table 1.** Tantrum Behavior Recording

Cycle	Frequency of Occurrence (Times)	Duration of Event (Minutes)
Cycle 1		
09.00 – 10.00 WIB	2	15
11.00 – 12.00 WIB	2	20
Cycle 2		
08.00 – 09.00 WIB	1	10
11.00 – 12.00 WIB	1	10

Cycle 1, tantrum behavior occurred four times with a total duration of 35 minutes. The first tantrum occurred at 09.00 WIB when the teacher asked KR to stop playing and immediately enter the class. KR showed tantrum behavior by crying and shouting, this resulted in friends who were around him crying too. Punishment was immediately applied when the behavior appeared by moving to another room until he stopped crying. The second tantrum occurred at 09.15 WIB because he refused to learn. The behavior shown was also crying and screaming. Punishment was immediately applied by moving to another room. The third tantrum occurred at 11.05 WIB because he did not want to perform the dhuha prayer. The

behavior shown was crying and screaming, and rolling around. The punishment applied was to move to another room and reduce KR's playing time in the classroom after the dhuha prayer. The fourth tantrum occurred at 11:40 a.m. because he grabbed his friend's toy, so his friend cried. The tantrum behavior shown was crying, screaming, and rolling on the floor. The punishment was applied moved to another room until he stopped crying.

Cycle 2, tantrum behavior decreased to two times with a duration of 20 minutes. The first tantrum occurred at 08.00 WIB when KR grabbed his friend's toy, so his friend cried. When asked to return it, he refused by crying and shouting. Thus disturbing other children around him. Punishment was immediately applied by moving to another room. The second tantrum occurred at 11:00 am during the dhuha prayer schedule. KR refused to pray by crying and yelling that it disturbed his other friends. If left unchecked, this will have a bad impact and be a bad example for his friends. So, punishment is again applied by moving to another room and reducing play time outside the classroom after the dhuha prayer. A more complete picture can be seen in Figure 1.



**Figure 1:** Application of Punishment to Reduce Tantrum Behavior in Children with Cerebral Palsy

Tantrum behavior in cerebral palsy is a challenge for teachers and parents. Reinforced by the results of research (Ghafar et al., 2023), parents have difficulty handling tantrum behavior and anger of cerebral palsy. This is because the child's emotional development is not yet stable and they act according to their wishes. Extensive research shows the presence of emotional and behavioral problems in children with cerebral palsy (Belmonte-Darraz et al., 2021; Weber et al., 2016).

If the wish is not fulfilled, it will scream, cry, and roll over. According to (Rahmahtrisilvia, 2010) the causes of tantrum behavior are the child's wishes that are blocked, unable to express themselves, unmet needs, parenting patterns, sick conditions, hungry conditions, insecure conditions and feeling stressed with schoolwork. Tantrums are inappropriate behavior (Saeifi et al., 2023), If left unchecked, it will adversely affect daily life and harm their quality of life (Davis et al., 2017).

Parents and teachers should understand the causes of tantrums in children and develop appropriate strategies to manage the behavior (Jiu et al., 2021). This is a challenge in providing interventions for children with cerebral palsy (Whittingham et al., 2011). This can include teaching children to express their emotions, providing consistent routines, and offering support and guidance. In addition, parents and teachers should also pay attention to any sudden changes in behavior. Tantrum behavior that persists for six months or more may indicate a behavioral disorder. It can also affect a child's social skills and relationships with peers, as well as academic performance.

Giving punishment is a form of intervention in the form of being moved to another room and reducing play time aims to reduce the tantrum behavior. This action is reinforced by research conducted by (De Clercq et al., 2022) that some parents allow cerebral palsy children to release their anger in a safe environment. Punishment is one of the punishments given to children who do not participate in learning (Pramantik & Burhaein, 2019). Punishment is designed to weaken behavior by pairing an unpleasant stimulus with the behavior (Vijayalakshmi, 2019).

Punishment must be in accordance with the negative behavior shown by the child and must be given as soon as possible and consistently (Miltenberger, 2012). If punishment is inconsistent, it can trigger problem behaviors to increase and continue to worsen (Pagona & Lefkothea, 2019). The application of punishment is expected to reduce and even eliminate tantrum behavior in children with cerebral palsy. This is reinforced by the opinion of (Michie et al., 2020) that behavior change interventions, namely punishment, can affect behavior whether it is increased, decreased or stopped in the form of duration, frequency and intensity.

Punishment is applied in extreme circumstances when all forms of behavior modification techniques have failed and when the behavior to be modified is harmful to the person or others. Behavior is influenced by environmental, social, cognitive and emotional variables (Guo & Khatibi, n.d.; Smith & Stamoulis, 2023). Parents and teachers must be able to provide understanding to children after being given punishment that not everything must be in accordance with their will and in life has certain rules that must be obeyed. Punishment applied to cerebral palsy children is the last technique and does not lead tantrum behavior to get worse.

## CONCLUSION

The application of punishment to children with cerebral palsy shows reduced tantrum behavior. This can be seen in the decrease in tantrum duration and frequency from Cycle 1 to Cycle 2. Punishment is applied according to the intensity of tantrums that arise. Punishment must be applied firmly and consistently so that the tantrum behavior can be reduced and even disappear. Parents and teachers must understand the cause of the tantrum, so that the punishment applied does not worsen the tantrum behavior itself.

## REFERENCE

- Abidova, N. Z., & Shukuralieva, N. S. (2022). Current Status Of Studying The Problem Of Communication In Children With Cerebral Palsy. *The American Journal of Social Science and Education Innovations*, 4(11), 35–40. <https://doi.org/10.37547/tajssei/Volume04Issue11-07>
- Al-Ghwairi, A. A. S., & Fraihat, R. H. (2021). The Relationship Between Tantrums And Social Intelligence In Kindergarten Children In Zarqa Governorate From The Perspective Of Mothers. *Multicultural Education*, 7(6). <https://doi.org/10.5281/zenodo.4895102>
- Amani, R., Annisa, A., Kurniawan, Y., & Unnazif, D. (2021). Automatic Bike as a Tool for Motor Development Programs for Children with Cerebral Palsy. *Indonesian Journal of Disability Studies*, 8(1), 105–116. <https://doi.org/10.21776/ub.ijds.2021.008.01.08>
- Belmonte-Darraz, S., Montoro, C. I., Andrade, N. C., Montoya, P., & Riquelme, I. (2021). Alteration of emotion knowledge and its relationship with emotion regulation and psychopathological behavior in children with cerebral palsy. *Journal of Autism and Developmental Disorders*, 51, 1238–1248. <https://doi.org/10.1007/s10803-020-04605-1>
- Bouton, M. E. (2014). Why behavior change is difficult to sustain. *Preventive Medicine*, 68, 29–36. <https://doi.org/10.1016/j.ypmed.2014.06.010>
- Calkins, S. D., & Perry, N. B. (2016). The development of emotion regulation: Implications for child adjustment. *Developmental Psychopathology*, 1–56. <https://doi.org/10.1002/9781119125556.devpsy306>
- Carlson, G. A., Danzig, A. P., Dougherty, L. R., Bufferd, S. J., & Klein, D. N. (2016). Loss of temper and irritability: The relationship to tantrums in a community and clinical sample. *Journal of Child and Adolescent Psychopharmacology*, 26(2), 114–122. <https://doi.org/10.1089/cap.2015.0072>
- Constance, D., Subbiah, R., Sukumaran, A., & Madankumar, P. D. (2023). Barriers in maintaining oral health among the children with cerebral palsy–Parent/caregiver’s perspective. *Journal of Indian Society of Pedodontics and Preventive Dentistry*, 41(3), 234–238. [https://doi.org/10.4103/jisppd.jisppd\\_360\\_23](https://doi.org/10.4103/jisppd.jisppd_360_23)
- Daniels, E., Mandlco, B., & Luthy, K. E. (2012). Assessment, management, and prevention of childhood temper tantrums. *Journal of the American Academy of Nurse Practitioners*, 24(10), 569–573. <https://doi.org/10.1111/j.1745-7599.2012.00755.x>
- Davis, E., Reddihough, D., Murphy, N., Epstein, A., Reid, S. M., Whitehouse, A., Williams, K., Leonard, H., & Downs, J. (2017). Exploring quality of life of children with cerebral palsy and intellectual disability: What are the important domains of life? *Child: Care, Health and Development*, 43(6), 854–860. <https://doi.org/10.1111/cch.12501>

- De Clercq, L. E., Prinzie, P., Swerts, C., Ortibus, E., & De Pauw, S. S. W. (2022). "Tell me about your child, the relationship with your child and your parental experiences": a qualitative study of spontaneous speech samples among parents raising a child with and without Autism Spectrum Disorder, cerebral palsy or down syndrome. *Journal of Developmental and Physical Disabilities*, 34(2), 295–329. <https://doi.org/10.1007/s10882-021-09800-1>
- Galea, C., McIntyre, S., Smithers-Sheedy, H., Reid, S. M., Gibson, C., Delacy, M., Watson, L., Goldsmith, S., Badawi, N., & Blair, E. (2019). Cerebral palsy trends in Australia (1995–2009): a population-based observational study. *Developmental Medicine & Child Neurology*, 61(2), 186–193. <https://doi.org/10.1111/dmcn.14011>
- Ghafar, W. R. G. W. A., Ahmad, M. F., & Yahya, N. (2023). Challenges Experienced By Mothers Of Children With Cerebral Palsy During The Movement Control Order (Lockdown) In Malaysia: A Qualitative Study. *Journal of Nusantara Studies (JONUS)*, 8(1), 246–269. <https://doi.org/10.24200/jonus.vol8iss1pp246-269>
- Guo, X., & Khatibi, A. A. (n.d.). Exploring Factors Influencing on Urban Residents' Environmental Responsible Behaviour in Urban Green Space of Henan Province, China. *Frontiers in Business, Economics and Management*, 16(3), 220–226. <https://doi.org/10.54097/yqj52b92>
- Hattier, M. A., Matson, J. L., Belva, B., & Kozłowski, A. (2012). The effects of diagnostic group and gender on challenging behaviors in infants and toddlers with cerebral palsy, Down syndrome or seizures. *Research in Developmental Disabilities*, 33(1), 258–264. <https://doi.org/10.1016/j.ridd.2011.09.014>
- Jiu, C. K., Hartono, H., Amelia, L., Surtikanti, S., Gusmiah, T., Wuriani, W., Usman, U., Pratama, K., & Putra, G. J. (2021). Perilaku Tantrum pada Anak Usia Dini di Sekolah. *Jurnal Pelita PAUD*, 5(2), 262–267. <https://doi.org/10.33222/pelitapaud.v5i2.1317>
- Michie, S., Johnston, M., & Carey, R. (2020). Behavior change techniques. In *Encyclopedia of behavioral medicine* (pp. 206–213). Springer. [https://doi.org/10.1007/978-3-030-39903-0\\_1661](https://doi.org/10.1007/978-3-030-39903-0_1661)
- Miltenberger, R. G. (2012). Behavior modification: Principles and procedures Fifth Edition. In *Behavior modification: Principles and procedures (2nd ed.)*. USA : Wadsworth Cengage Learning. <https://doi.org/10.1080/01431161.2016.1204478>
- Pagona, L., & Lefkothea, K. (2019). Management of behavior problems of children with and without disabilities: Towards Parental Training and Intervention Programs in Greece. *Education Applications & Developments IV Advances in Education and Educational Trends Series Edited by: Mafalda Carmo*, 263.
- Patel, D. R., Neelakantan, M., Pandher, K., & Merrick, J. (2020). Cerebral palsy in children: A clinical overview. *Translational Pediatrics*, 9(1), S125–S135. <https://doi.org/10.21037/tp.2020.01.01>
- Pramantik, I. A. D., & Burhaein, E. (2019). A floor time approach to improve learning outcomes of the body roll to the side in adaptive physical education learning: Classroom action research study on two cerebral palsy students. *International Journal of Disabilities Sports and Health Sciences*, 2(2), 45–53. <https://doi.org/10.33438/ijds.hs.652061>
- Rahmahtrisilvia, R. (2010). Strategi Pembelajaran Untuk Mengatasi Perilaku Tantrum Pada Anak Autistik. *Pedagogi: Jurnal Ilmu Pendidikan*, 10(2), 1. <https://doi.org/10.24036/pendidikan.v10i2.2235>
- Rakimahwati, & Husna, A. (2023). Analysis of the Causes and Efforts of Parents to Overcoming Tantrums in Early Childhood at PAUD SPS Sang Bintang. *Jurnal Pendidikan Anak Usia Dini Undiksha*, 11(2), 301–309. <https://doi.org/10.23887/paud.v11i2.53337>
- Reid, S. M., Meehan, E., McIntyre, S., Goldsmith, S., Badawi, N., Reddihough, D. S., & Group, A. C. P. R. (2016). Temporal trends in cerebral palsy by impairment severity and birth gestation. *Developmental Medicine & Child Neurology*, 58, 25–35. <https://doi.org/10.1111/dmcn.13001>

- Rezaie, L., & Kendi, S. (2020). Exploration of the influential factors on adherence to occupational therapy in parents of children with cerebral palsy: A qualitative study. *Patient Preference and Adherence*, 2020(14), 63–72. <https://doi.org/10.2147/PPA.S229535>
- Rosenbaum, P., Paneth, N., Leviton, A., Goldstein, M., Bax, M., Damiano, D., Dan, B., & Jacobsson, B. (2007). A report: the definition and classification of cerebral palsy April 2006. *Dev Med Child Neurol Suppl*, 109(suppl 109), 8–14.
- Saeifi, A., Aghajani, A., & JafarianYasar, H. (2023). The Effectiveness of Teaching Behavior Modification Methods to Mothers on the Self-Control in Hyperactive Children: Moderating Role of Mothers' Anxiety. *Iranian Evolutionary Educational Psychology Journal*, 5(3), 119–130. <https://doi.org/10.22034/5.3.119>
- Sarafino, E. P. (2011). *Applied Behavior Analysis: Principles and Procedures in Behavior Modification*. Wiley. <https://books.google.co.id/books?id=sIEmEAAAQBAJ>
- Smith, C., & Stamoulis, C. (2023). Effects of multidomain environmental and mental health factors on the development of empathetic behaviors and emotions in adolescence. *Plos One*, 18(11), e0293473. <https://doi.org/10.1371/journal.pone.0293473>
- Syamsudin, S. (2013). Mengenal perilaku tantrum dan bagaimana mengatasinya. *Sosio Informa: Kajian Permasalahan Sosial Dan Usaha Kesejahteraan Sosial*, 18(2).
- Vijayalakshmi, N. (2019). Behavior Modification Techniques-An Awareness Study. *Shanlax International Journal of Education*, 7(2), 20–24.
- Wakschlag, L. S., Choi, S. W., Carter, A. S., Hullsiek, H., Burns, J., McCarthy, K., Leibenluft, E., & Briggs-Gowan, M. J. (2012). Defining the developmental parameters of temper loss in early childhood: implications for developmental psychopathology. *Journal of Child Psychology and Psychiatry*, 53(11), 1099–1108. <https://doi.org/10.1111/j.1469-7610.2012.02595.x>
- Weber, P., Bolli, P., Heimgartner, N., Merlo, P., Zehnder, T., & Kätterer, C. (2016). Behavioral and emotional problems in children and adults with cerebral palsy. *European Journal of Paediatric Neurology*, 20(2), 270–274. <https://doi.org/10.1016/j.ejpn.2015.12.003>
- Whittingham, K., Wee, D., Sanders, M., & Boyd, R. (2011). Responding to the challenges of parenting a child with cerebral palsy: A focus group. *Disability and Rehabilitation*, 33(17–18), 1557–1567. <https://doi.org/10.3109/09638288.2010.535090>