

Plan B

What to do when all else has failed to change your kid's behavior.

By Alan E. Kazdin and Carlo Rotella

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Let's say that there's something you really, really want your child to do: complete toilet training before starting preschool in a few weeks, or eat more than the three *P*-foods (pasta, pizza, potato chips) he's currently willing to eat, or take a bath without putting up a fight. Your expectation is reasonable, and you are being as positive, constructive, encouraging, patient, consistent, and gently firm as any parent could be. Well, OK, you lost it once or twice, which is only human, but for the most part you're doing everything right: diligently practicing the behavior with your child, enthusiastically praising any steps in the right direction and awarding stickers on a chart so masterfully designed that it belongs in a psychology textbook. You know your child is physically capable of doing what you're asking because he has done it on occasion, but he will not do it with any regularity. In fact, he actively opposes you. Your intense—OK, desperate—interest only seems to inspire more opposition. The more you need your child to do what you want, the less likely it is to happen. You're stuck and frustrated, and you don't know what to do.

This sort of problem comes up often enough at Alan's clinic, the Yale Parenting Center

and Child Conduct Clinic, that it has inspired a wrinkle in standard operating procedure that's worth examining in detail. For therapists who work with families there, the standard advice is variations on a theme that has been established by 50-plus years of empirical research in psychology: Specify what you want the child to do and prompt the behavior with clear instructions, model the desired behavior yourself and shape it at first by helping the child to do it properly, and arrange for the child to engage in as much reinforced practice of the behavior as possible until it takes root as an enduring habit. If you've been reading our pieces in *Slate* over the past year-plus, you know that science has identified this as an extremely effective way to change human behavior in general and specifically to develop the habits and daily behaviors you wish to see in your child.

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It may come as a surprise, then, to learn that when this usually reliable approach hits a snag like the one described above, the therapists at the clinic have found success in solving the problem by taking what appears to be the opposite approach. They direct the parents to temporarily back off almost entirely: to stop asking their child to do the desired behavior and say it's OK not to do it at all, stop offering praise or other rewards for doing it, and mask their attitude of engaged enthusiasm or frustrated rage with an appearance of bland disinterest in whether the child does it or not. What happens next, frequently, is that within a day or two the child starts doing the behavior with no prompting from parents or anyone else. If you try something similar with your own recalcitrant child, within a few days he or she may well be using the toilet, eating green beans, or bathing without dire struggles.

Why does this reverse in tactics work? And how do we explain its effectiveness in light of what the body of scientific research tells us about behavior?

Consider the possibility that the atmosphere of heightened expectation surrounding the desired behavior *is* the problem. If every time your child so much as flicks her eyes over a plate of green beans you jump at the opportunity to exclaim, "Ready to try a bite of Big Girl Grow Food and earn three Big Girl Stickers?!" you may well have reached a

stage at which even your constructive praise and attention registers as added pressure to be resisted.

To understand how this works, begin from the premise that behavior is heavily controlled by *antecedents*: whatever you do to set the stage for a behavior to prompt it to occur. For instance, the way you say something—tone of voice, whether there's a "please" in front of it, the kind of interaction that precedes a request—influences the response you receive. We are usually unaware of the range and force of such influences, which can be very subtle.

As President Obama has discovered in pushing health care reform, antecedents that convey even a slight pressure or urgency and even the appearance of a reduction in choice can sometimes have the effect of strengthening opposition that would not otherwise occur or be so strong. Urgency can inspire push-back and

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resistance to even the most rational pitch—not by everyone, but by a lot of people. The psychological term for that reaction is *normal*.

In the home, a parent's regular vigilance and responsible parenting can rise to the level of desperation and in turn lead to a reaction: a little more digging in of the heels on the part of the child. Are we merely blaming the parent here? No. What the parent is doing and the child's reaction are both well within the normal range, even though each may see the other as perversely manipulative or unreasonably controlling. Rather, the antecedent conditions (urgency, eagerness, explicit or implicit pressure) in which the request for behavior is sandwiched now make it more unlikely to occur.

Consider a related situation that produces a similar effect. When a parent encounters stress at work or elsewhere outside the home, her tone of voice and commands to her children are affected. The voice is slightly more pressed, slightly more impatient. The child, reacting, engages in slightly more defiant behavior and is slightly more oppositional. The two responses reinforce each other, and conflict escalates from there. When the parent's stress is reduced, the child's behavior returns to the less defiant and oppositional mode.

There are two well-studied topics in

psychology that help explain oppositional behavior and what to do about it.

Reactance refers to a reaction that is directly opposite to some rule or request. It occurs when someone feels he is being pressured and there is some added limit being placed on his freedom or choice. This kind of opposition is not unique to children; in fact, most of the research on it has been done with adults. Reactance explains why people are eager to reject what they think is forced on them and seek out something they cannot or should not have. When you crank up the pressure on a child, you're more likely to see the cognitive component of reactance ("No! I won't do it!") intensified by its emotional component (folded arms, raised voice, increased stubbornness: "Leave me alone!"). The pressure on the child does not have to be as direct as "Do it, or else"; it can take the form of a cloud of eager expectation in the household.

The second topic, *ironic processes*, has to

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do with oppositional actions within ourselves. Occasionally, the pressure we put on ourselves to do or not to do something backfires. A familiar case is telling yourself not to think of an elephant, which can lead to thinking about nothing but elephants. If you tell insomniacs to try really hard to go to sleep, they'll find it even more difficult to get to sleep than a control group of insomniacs who received no such instruction. In fact, it can be better to tell insomniacs to try to stay awake, because that command does not trigger all the reactions that pop up when they are told to go to sleep.

We all usually succeed in controlling what we do. A body of research studies has illuminated how we consciously and subconsciously monitor ourselves to exclude things that could interfere with what we're doing. However, when we are stressed or overloaded—when we're trying to multitask, for instance—the monitoring can break down and those other things we're trying to exclude are much more likely to come up and be expressed. Say you're a writer and you have two imminent deadlines to meet, so you need to sit down and focus on the work at hand. But you find that on this occasion, for some reason, your concentration is shot. You spend hours fooling around online trying to find out if your great-great-grandmother really was in the first row when Lincoln delivered the Gettysburg Address, and then you suddenly

develop a compelling interest in rereading articles you wrote and published years ago. Distractions seep in because the stress and pressure of the deadlines break down the process that keeps you focused.

So, at times, we all do the opposite of what we intended and what we know needs to be done. When you mispronounce a name when you meet someone, even though you knew better, that's an accidental seeping out of the opposite behavior, an ironic process that occurs just when—or just *because*—you are putting more pressure on yourself by trying extra-hard to control what you're saying. How does this bear upon your kid's mulelike resistance to your crystal-clear instructions or requests? Well, when *you* do something that's the opposite of what you want, you do not conclude that you are being manipulative or enacting the pernicious genetic influence of an in-law whose obnoxious traits somehow made it through to the present generation (no doubt

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by bullying other DNA along the way). The failure to do what's expected is part of normal thought processes, which under certain special conditions lead us to do things we were exactly not trying to do.

Especially if you've hit a sticking point in trying to get your child to do something you really want her to do, it will help to see your child's behavior the same way. Stop thinking about it as a condition, like a tumor, that's located inside the child, and think of it rather as an effect produced by the context of expectation surrounding the desired behavior. This is not a blanket excuse for all misbehavior, criminality, and horrible judgment. Rather, while we are almost always pretty effective when trying to control mental processes and actions of our own, the opposite behavior can come out under conditions of stress, including the stress of heightened pressure and expectation. The research on thought processes and behavior has helped us to understand how this happens and how to keep it from happening.

So how can a parent put this knowledge to work?

The first step, when you've hit the kind of wall we're describing here, is to try to eliminate the cloud of desperation hovering around the behavior. At the clinic, the therapists encourage parents to tell the child it is OK if she does not do the desired

behavior, or, if it's essential (bathing, for instance), if she does it superficially and minimally. Parents also practice nonchalance in talking about the behavior—a shoulder-shrugging, laissez-faire attitude of staged indifference. In addition, the therapists ask the parents to find opportunities to explicitly tell their child something like, "Don't worry about this now; you will be able to do this when you get older," a pressure-reducing antecedent that can actually speed up compliance.

If this relaxation of the pressure leads the child to do the behavior on his own, as often happens, the parents should continue to be matter-of-fact. In most contexts, the therapists advocate effusive and enthusiastic praise, following the findings of the research on the strong role of special praise in changing behavior. But this situation is different. Here effusiveness has become associated with stress and implicit pressure, so instead we need some low-key

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acknowledgement—a simple "That was good" augmented by a nonverbal adjunct like a pat on the arm or the back of the head, all low-key and in passing before moving on to some unrelated subject.

As for reactance, recall that oppositional behavior in humans—adults, too—is predictable when an effort is made to control and it appears that the person has no choice. So taking down the pressure level in the ways we've just described will help avoid reactance. In addition, when you do ask the child to do something, how you ask can make a difference. A child is much more likely to comply when you say, in a pleasant tone of voice, "Please put on your coat; we're going to the store in a few minutes" than when you drop the "please" and say the same thing like a drill sergeant. The research consistently shows that the more commands parents give a child, the more oppositional and deviant the child's behavior, and the constant barking of orders only makes it worse by raising the child's stress level.

When you are worried about oppositional behavior, try to give a choice, even if it's trivial to you. "Please put on your red jacket or the green one; we're going to the store soon." Psychology did not invent this tactic but does confirm its efficacy. You're not asking the child to choose whether or not she wants to come along or even whether or not she wants to put on a jacket, but you're still offering a choice, which tends to reduce

reactance.

And, because everything we're recommending is designed to lower the stress level within your child as well as in your household, it will also help to reduce the likelihood of ironic processes taking place within the child. With all that interference out of the way, with the household having stepped down from DEFCON 1 crisis mode, your child can respond to your expectations about the behavior, which you've made clear over the previous days or weeks. You don't need to reiterate them. She hasn't forgotten them, and now she's more likely to respond positively to them.

It's still true that the most reliable and effective way to develop behavior—from toilet training to doing homework—is the regular procedure at the clinic that we outlined at the start of this article and have detailed in several of our *Slate* pieces.

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The situation we are talking about is a special one in which the supercharged context of parental eagerness produces oppositional behavior and refusal. The child is not unique in being oppositional. In this context, opposition is a normal and well-studied reaction of human behavior.

The solutions we have outlined here can work—quickly—and frequently do succeed at the Yale clinic, which is why they are worth a try, and if they don't, you have lost nothing more than a day or two, and the resulting decrease in pressure will provide a welcome break for all. The removal of desperation changes the antecedent condition, and now the desired behavior is much more likely to occur. It's not that you have to stop caring whether your child does what you want, but there are times when it's to everyone's advantage for you to show how you care in a different way.

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