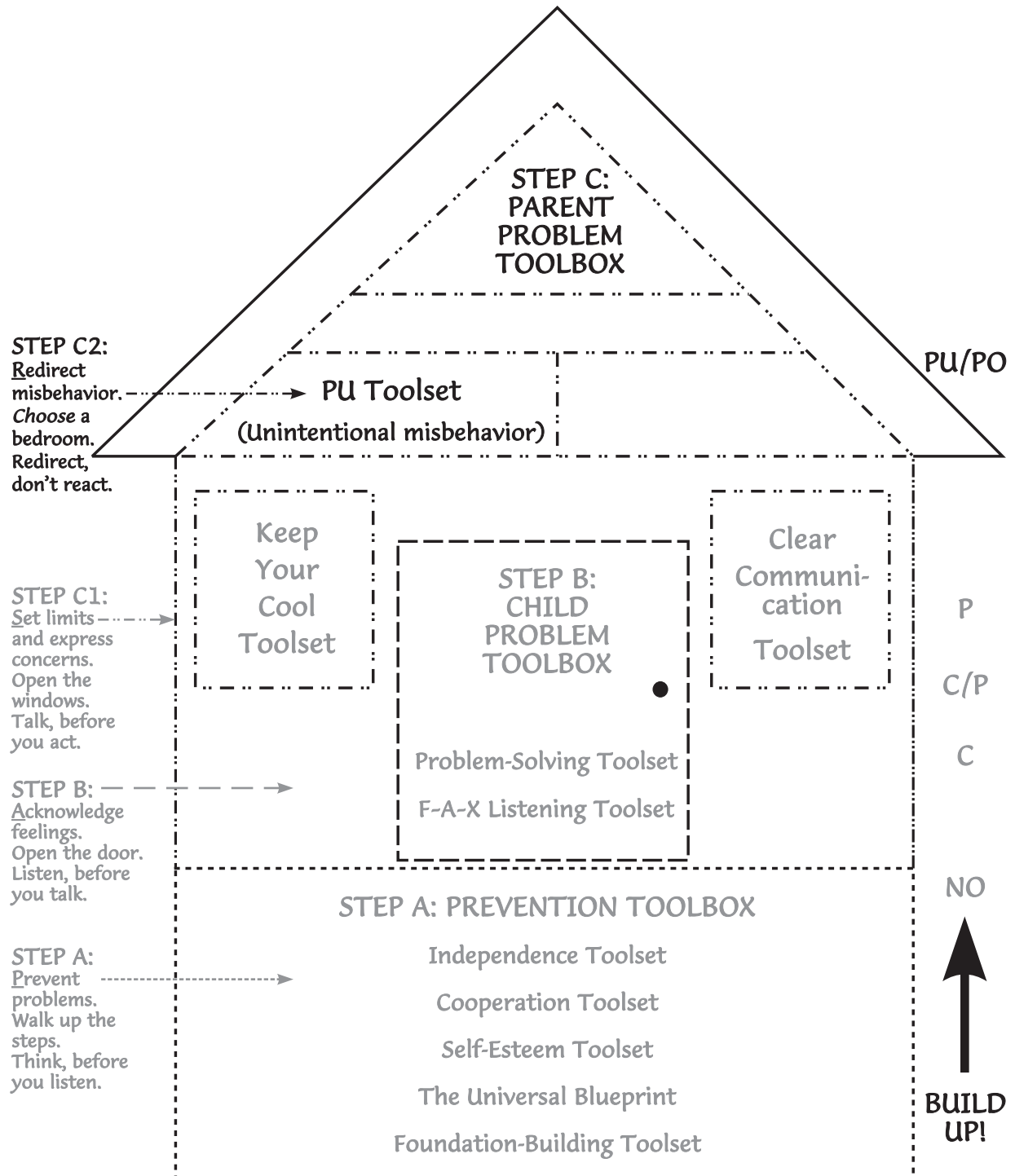


CHAPTER 11

PU TOOLSET (Unintentional misbehavior)



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We can expect some “normal” problems in the life of a house. Paint eventually chips, floors creak as the foundation settles, and roofs need new shingles. We try to make improvements to prevent future problems or prepare a plan when problems occur.

In parenting, we can expect some problems during the different developmental stages in children’s lives. If children have certain medical conditions or personality traits, they can exhibit challenging behaviors that are considered “normal” when these factors are present. We do not excuse their behavior. Instead, we teach children the skills they need to achieve developmental milestones, balance negative traits, and compensate for their medical challenges. Until they master these skills and work through these issues, children can unintentionally misbehave.

IN THIS CHAPTER

Our tour has finally arrived at Step C2, **R**edirecting misbehavior—and I have some good news—you have already learned most of the tools you need to use! We often use the same tools to redirect behavior that we use to prevent it. So why do we need separate chapters on PU (**P**arent problem, **U**nintentional misbehavior) and PO (**P**arent problem, **“O**n purpose” misbehavior) problems? Because there are certain tools that are best for redirecting certain types of misbehavior. This chapter encourages us to consider five important ideas about PU behavior:

1. There is a difference between PU and PO behavior. We need to recognize which type of behavior we are facing, so we choose the most effective tools for our response.
2. Some behaviors can be *both* PU *or* PO, depending on the underlying reason for the behavior. This is why it is important to correctly diagnose which type of behavior we are dealing with.
3. PU behavior can result from several factors.
4. PU behavior can turn into PO behavior, if we don’t correctly identify it and respond appropriately.
5. There are certain tools we’ve already learned, and a few new ones, that are particularly effective in redirecting PU behavior. In this chapter, we review and learn these specific tools.

WHEN TO USE THE PU TOOLSET

Whenever we see problem behavior, we need to first stop and ask ourselves, “Is this behavior unintentional or on purpose?” To help us answer that question, we use the information in the PU Toolset. Once we know we *are* dealing with PU behavior, we can use certain tools we’ve already learned and those in the PU Toolset to redirect it.



IDENTIFYING PU PROBLEMS

Let’s review what we learned in Chapter 3, “The Universal Blueprint,” and then we will take each point and examine it in detail.

Question #2: Is the misbehavior Unintentional or “On purpose”?

To tell the difference between PU and PO behavior, consider the following questions:

1. Is this behavior the result of the child’s **immaturity** or developmental stage?
2. Is this behavior part of the child’s **personality** (it doesn’t come naturally)?
3. Is this an **accident** or is a **medical condition** influencing the child’s self-control? (Illness, mental retardation, ADHD, autism, etc.)
4. Does the child **lack the information** to know better?
- ★ 5. **Has the child not consistently shown that he or she has mastered the skills to behave properly in this situation?** (This one often covers the first four issues, which might explain *why* the child hasn’t mastered the skill.)

“Yes” to *any one* question = **PU problem** (Parent problem, Unintentional misbehavior).

“No” to *all* questions = **PO problem** (Parent problem, “On purpose” misbehavior).

1. This behavior *is* the result of the child’s immaturity or developmental stage.

It is important to have realistic expectations about children’s abilities. If we don’t understand what behaviors are age-appropriate, we can easily mistake PU behavior for PO behavior. It is unrealistic to expect infants to sleep through the night or not cry when they are hungry. It’s normal for a two-year-old to refuse to share or to be curious about dangerous objects. Most teenagers want more freedom and question values and rules. Each of these behaviors serves a specific developmental purpose.

Every human being goes through the same basic developmental process, but each child has an individual rate and style of development.

STYLE OF DEVELOPMENT

Children can differ in the number of new skills they learn at once and how much they practice them.

- **All-at-once versus one-at-a-time learners.** Some children practice several different new skills at once. (A toddler might practice walking, toileting, and self-feeding.) Others practice skills in one or a few areas at a time, adding new skills to the ones they’ve already mastered. (A toddler might practice walking, but not show any interest in toileting.)
- **Trial-and-error versus wait-and-do learners.** Similarly, some children repeatedly try a new skill without getting discouraged. Other children observe and practice skills in their minds, until they know the skill well enough to perform it. It seems that these children aren’t progressing in their development and then, one day, suddenly, they do something new!

Children with the two latter styles often have frustrated parents who say, “All the other ___-year-olds are doing ___, but mine isn’t even trying!” These children *are* learning and practicing skills, but just aren’t showing it outwardly. When these children are ready, they use a new skill right away, without the trial and error period. We want to look at the skills our children *have* learned and trust their own timetable for learning new skills.

A Personal Story. *Both my children were late potty trainers. At 2½, neither used a toilet, but could boot-up a computer on their own. Despite my best efforts to teach and encourage, nothing made a difference. Exasperated and desperate, I'd occasionally push, bribe, threaten, and shame them, even though I knew those tactics wouldn't work—and I was right. We just got into power struggles and felt more discouraged. Finally, I decided to trust nature's timetable and neither went to pre-school in diapers.*

RATE OF DEVELOPMENT

Children develop at their own pace. Each child has a unique biological timetable. Sooner or later, all children reach developmental milestones, unless there is a medical or emotional problem. As we learned in the Independence Toolset, our rule-of-thumb is to “nudge, but don't push.” Our job is to teach skills, give encouragement, be patient, and allow children to experience and learn from their mistakes.

While there are certain ages that most children master certain skills, these are age ranges. Some time, usually within that age range, children develop certain skills. For example, most preteens go through puberty between 11 and 14. It is still “normal,” however, for the onset of puberty to occur in children as young as 9 or as old as 16. If children have not begun to do certain tasks by certain ages, however, it may suggest they are experiencing difficulty. Knowing what is appropriate at different stages is important, so we know if the child needs professional help.

Developmentally delayed children function below what is considered normal for their age. We use their *functioning* age to identify *emotional* and *intellectual* causes of misbehavior. For example, if we are diagnosing whether misbehavior is PU for a twelve-year-old who functions at a six-year-old level, we base it on what is considered normal behavior for a six-year-old child. What does a six-year-old know and understand? *We still consider the biological age*, however, when diagnosing *physical* factors that influence behavior, such as hormone surges during puberty.

Traumas and poor adjustments to change can cause temporary developmental delays. If children experience great changes, inconsistencies, or traumatic experiences, these issues can sidetrack their development. These issues can include ineffective parenting or teaching styles, abuse, neglect, moving, divorce, or other separation and loss issues. It is difficult for children to deal with these emotional issues *in addition* to their normal developmental issues. If children are unable to resolve these issues in healthy ways, their poor coping skills can cause developmental delays.

Growth occurs in waves. At each major developmental stage, children work through certain issues and tasks. There are natural ups-and-downs as children master these new skills. ***It is necessary for children to go through a temporary period of imbalance before moving to a new level.*** If they didn't do this, they would have to immediately jump from one developmental stage to the next, with no transition period. This would be unnatural. Children often step back and regroup between their great spurts of learning. In the early years, these difficult periods often come at approximately six-month intervals, but even this time frame is not a hard and fast rule.

If things are going smoothly and suddenly our children's behavior takes a downward dive, we want to consider what is happening with them developmentally. If we can't identify any traumas or mistakes *we* are making, there is a good possibility that these children are getting ready to make a developmental leap and are entering this transition period. Many parents are concerned about these regressions, when children revert to old, outgrown habits. It is particularly helpful, during these times, to review literature about the developmental issues children face at that age.

Developmental Stages

The descriptions in this book are brief summaries of developmental stages. An excellent resource for more detailed information is a series of books, by Louise Bates Ames and Frances L. Ilg of the Gesell Institute of Child Development. The series goes from “*Your One Year Old*” to “*Your Ten to Fourteen Year Old*” (Copyrights 1976–1990). These books are available at most public libraries. Each book explains the physical, emotional, intellectual, and social development of children that age. Usually within the first few pages, we say to ourselves, “Yes! That’s what my child is doing! They are describing my child to a tee!” This realization is reassuring. It can help us get on track with a healthy approach to their PU behavior. This series of books is informational, rather than skill-oriented. It explains very well *what* is going on but only gives general suggestions for what to *do* about it. Once we know what issues we are facing, we can refer back to *The Parent’s Toolshop* and plan a helpful response.

All children develop in a predictable sequence—but at their own pace and in their own style. Certain kinds of skills must come before others. For example, all children sit up and crawl before they walk. Below are some general descriptions of the major developmental stages and the tools we use most often with children that age. Although children may not show all the PU behaviors listed at the end of the chapter, they are still working on the following developmental issues.

INFANTS

Age: Birth through approximately 12 to 15 months.

Developmental Issues: Their world is very focused—it consists of the infant and caretakers. When infants become mobile, they start working on developmental issues similar to toddlers.

- ***Infants are learning to trust.*** Since infants are totally dependent, they learn trust by feeling secure that someone will meet their needs. A good parental motto is “A baby’s wants are a baby’s needs.” Contrary to old wives’ tales, infants cannot be manipulative or spoiled. Parents cannot hold infants too much or meet their needs too quickly. Human touch and interaction promotes physical, emotional, and intellectual growth. (Remember the brain studies and monkey experiment in Chapter 4, “Self-Esteem Toolset”?)

Tools to use: Infants best understand nonverbal messages, tone of voice, and actions. When infants display PU behavior, we can use the nonverbal tools we’ve already learned, the Self-Esteem and Independence Toolsets, and tools listed later in the PU Toolset. Practice the language of effective parenting, because infants will understand *you* before they can speak themselves.

TODDLERS

Ages: Approximately 12 to 15 months (when they are toddling and walking well) through 3 years.

Developmental Issues: Young toddlers are aware of the world around them—but their world is still quite small. It consists of the toddler, the caretakers, siblings, and their daily environment (home, day care, and places they regularly visit). The toddler years are a busy developmental stage—for toddlers *and* their parents. Toddlers are learning about many issues all at once, but still don’t understand or use communication well, so there are more possibilities for PU behavior. When we understand all the wonderful, exciting things toddlers are learning, we see that the “terrible” twos and threes are really a “terrific” time in a child’s life.

- ***Toddlers are learning about body control***—eating, sleeping, and bathroom activities. A good parental motto is “We can’t *make* them do it,” whatever “it” is. We need to be patient and respect each toddler’s individual timetable. We can teach skills, establish routines, and encourage their efforts and improvement.

- **Toddlers are striving for independence.** They often want to be in control of themselves and their environment, which often includes other people. Many toddlers insist on doing tasks by themselves, even if parents can do the task quicker. When we do tasks for them, they often rebel through power struggles and temper tantrums. Since most toddlers still don't talk well, this is how they say they don't like what we are doing and exert their independence.
- **Toddlers are learning about ownership.** This is why toddlers don't like to share and say every object in their hands is "mine." Children must understand and experience ownership before they can understand and want to share. This is the age we can start teaching sharing behavior, but not expect children to always practice the skill.
- **Toddlers are learning about cause and effect and how the world works.** They are naturally curious—and curiosity promotes brain development.

Tools to use: Use the Cooperation Toolset, especially "Offering Choices," "Don't say Don't" and "No No's," to prevent power struggles. Use the Independence Toolset constantly, to teach skills and allow children to do tasks for themselves. Since most of their misbehavior is PU, we want to use the PU Toolset before or with the Discipline Toolset.

PRESCHOOLERS

Ages: Approximately 3 (when they might begin preschool) through 6 years (when they begin school).

Developmental Issues: Preschoolers are learning many new skills and refining skills they learned in the toddler years.

- **Preschoolers are near the end of the "transitional period."** This is the time between birth (total dependency) and approximately 4 years, when children become physically independent. If we have been encouraging independence, most children will master basic body-control skills, such as weaning, toileting, self-feeding, and mature sleep patterns. Now, they focus more on increasing their independence and improving their social skills.
- **Preschoolers are very imaginative and interested in learning.** They want to learn as many new skills as they can. Their imaginations are in full bloom and they use fantasy when they play. Some children recognize the difference between fantasy and reality, while others blur the two. Preschoolers are fascinated by the fine details of the universe, so they ask many thought-provoking "why" questions.
- **Preschoolers are learning social skills.** The preschooler's world is expanding even more—they are interested in playing with other children and exploring new environments.

Tools to use: We use the Prevention Toolbox to build self-esteem, independence, and cooperation. We use the Child Problem Toolbox to mediate peer/sibling conflicts. When preschoolers share their opinions, feelings, and problems, we listen to their perspective, keep the ball in their court, and teach them problem-solving skills. We want to use the PU or PO Toolsets before or with the Discipline Toolset, so children *learn* from their behavior mistakes. We can start involving preschoolers in family councils, giving them age-appropriate ways to participate.

EARLY ELEMENTARY SCHOOL

Ages: 6 (kindergarten) through approximately 8 years (third grade).

Developmental Issues: Children are continuing to learn skills and resolve issues from early childhood, while preparing for and coping with many new changes. They can still experience frequent regressions into childish behavior. Children this age may also exhibit some PU behaviors of older children.

- ***The new world of school brings many changes.*** When children enter school, they enter a new world that may be quite different from what they've experienced. The school's rules might be different from the rules at home, so they must adapt and be flexible. They need to sit still for long periods of time, so they must practice self-control and self-discipline. Teachers might have a different teaching and communication style than their parents, so children must practice effective listening and communication skills.
- ***Children meet new people and begin new activities.*** Children learn how to make new friends each year, in school and through extra-curricular activities, such as scouts, dance, etc. These activities can teach them important social and personal skills. They can also add stress to children's lives if they are involved in too many activities. A good family policy is to allow no more than two activities per season (i.e., sport season or one complete round of lessons). As children are exposed to other children and adults with different personalities and behaviors, they need to listen to their inner voice and learn responsible decision making and problem-solving skills to resolve conflicts that arise.

Tools to use: We mostly use the Prevention and Child Problem Toolboxes. Using the Cooperation Toolset, we can explain the value of the school's rules and the choices they have within those limits. We can use the Independence Toolset to acknowledge the difficulty of sitting still and being responsible for homework assignments. We can also teach time management skills. We can use the Self-Esteem Toolset to offer encouragement, as children gradually improve these skills. When they have difficulties with teachers or children, we can use the Child Problem Toolbox to teach problem-solving skills so *they* can resolve these problems. When children make poor decisions, we can use the Clear Communication, PU, PO, and Discipline Toolsets to help them learn from their mistakes and make better future choices. At home, we want to use the Maintenance Toolbox and start involving children more in family councils. Since young elementary children are developing their communication, problem-solving, and decision-making skills, family councils provide a safe way to learn and practice these skills. Children this age really enjoy being involved in family councils that offer them opportunities to share their ideas and talents with the family.

PRETEENS (LATE ELEMENTARY)

Ages: Fourth through sixth grades, approximately 9 through 11 years.

Developmental Issues: Preteens are refining the many skills they've already learned. Certain issues become even more important to the preteen.

- ***Individuation intensifies.*** Individuation is the process of becoming an individual person with unique values, behaviors, personality traits, and sense of identity. Although "individuation" begins at birth, it becomes more intense in the preteen years as children express their independence more strongly. (Remember the backpack analogy in the Independence Toolset?)
- ***Peers are becoming more important in their lives, but parents are still quite influential.*** Preteens are still limited to socializing with peers at school and close to home. Although adults are usually nearby, preteens must frequently rely on whatever communication, decision-making, and problem-solving skills they have to manage peer conflicts. Peer pressure is more intense than in previous stages and children are still likely to use poor judgment. We use these experiences to teach more skills and reinforce our family's values.
- ***Healthy, well-adjusted preteens are often in a coasting stage.*** They have usually adjusted to their world of home, school, and friends. Their intellectual skills are developing rapidly, as school teaches them about the larger world around them. For some parents, the preteen years are smooth. This may be nature's way of giving us some rest, before the teen years arrive.

- ***Fourth or fifth grade is often a difficult year.*** Teachers hold their students more accountable than in previous years, since the students have had four years to understand the school's rules and develop the skills they need to meet these expectations. School discipline becomes firmer and more consistent, older students are no longer offered "the benefit of the doubt."

Tools to use: Since most of the preteen's problems revolve around peers and school, the Self-Esteem, F-A-X Listening, Clear Communication, and Problem-Solving Toolsets are the tools to use. If preteens have not yet mastered the skills they need to succeed at home and in school, we need to back up to the Prevention Toolbox and help them develop these skills before they experience more severe problems. If preteens have experienced many changes or traumatic events, we need to use the Child Problem Toolbox to help them work through their feelings. Unresolved issues can cause more intense problems in the teen years. Outside counseling is often helpful when parents are unable to make an impact or are part of the problem. We want to use the Discipline Toolset and avoid over-controlling punishment tactics. It is vital to hold regular family councils that involve preteens in meaningful ways. Helpful family councils build leadership, decision-making, and communication skills preteens can use at home, at school, and with their peers and siblings.

YOUNG TEENS (JUNIOR HIGH)

Ages: Seventh through ninth grades, approximately 12 through 14 years.

Developmental Issues:

- ***Individuation is in full bloom.*** Young teens are discovering what they are capable of doing and might test limits. If adults are unreasonably controlling, young teens are more likely to rebel and defy authority.
- ***Peers are increasingly important, but parents still have some influence.*** Young teens begin trying on identities, to fit in with peer groups. This can lead young teens to "follow the crowd," if they don't feel secure enough in their self-worth to stand their ground. If children are going to experiment with drugs, they usually start by the early teens.
- ***While puberty might begin earlier, it most commonly starts during this stage.*** Young teens are maturing physically, emotionally, and mentally and have a great need for privacy.
- ***The first year of junior high or middle school is a major transitional year.*** They change classes often and have many different teachers, each with a different teaching style and list of rules. There is less personalized attention for problems. Many rules are black and white, because teachers don't have time to negotiate gray areas. Students must be totally responsible for their schoolwork. No one will give them stickers for completing their work or frequently remind them. If young teens don't learn good study habits by the end of elementary school, the first year of junior high they will sink-or-swim. If they start to sink, parents need to teach skills (or find someone who can), offer encouragement, and acknowledge feelings.

Tools to use: It is important to use the Self-Esteem, F-A-X Listening, Clear Communication, and Problem-Solving Toolsets daily. They can help us guide young teens through Child and Parent problems without taking over or starting power struggles. We need to use the Independence Toolset to teach skills (social, emotional, and physical tasks) so we can let go and trust. If we use two-party problem solving, we can get win/win agreements and reveal respectful discipline. Young teens like to discuss their ideas and feelings, so family councils are a great way to keep the lines of communication open and to build trust. Family councils can also help parents teach skills, prevent problems, and make family decisions.

TEENS (HIGH SCHOOL)

Ages: Tenth through twelfth grades, approximately 15 through 18 years.

Developmental Issues: Older teens have many of the same issues as younger teens. They may resolve some of these issues in the later teen years, while other issues intensify.

- **Individuation is at its peak**, but completes between ages 25–30 (unless problems like drug addiction or emotional issues delay the process). The teens’ job is to decide who they are and who they want to be. Parents start seeing more signs of what their teen will be like as an adult.
- **Long-term consequences of ineffective habits are more obvious.** If parents have used imbalanced parenting tactics, they will now backfire. Teen rebellion (from over-controlling parenting) can become intense, with daily power struggles and revenge cycles. Under-controlling parents probably see spoiled, self-centered, irresponsible teen behavior.
- **Peers are more important and parents have less influence.** Most teens are interested in dating and begin struggling with more adult relationship conflicts: power and control personalities, peer violence, premarital sex, male/female communication styles, cliques, gossip, and betrayal by friends. *Adults* have difficulty dealing with these issues, so teens especially need good communication and decision-making skills, emotional stability, and a strong sense of self-worth to work through these problems.
- **Independence is a critical issue for teens.** Healthy, well-balanced teens often display maturity and responsible behavior. They begin thinking about future careers and finding jobs to pay for the extras they want.

Tools to use: The Self-Esteem, Independence, F-A-X Listening, Clear Communication, and Problem-Solving Toolsets are the most important tools to use during the teen years, to maintain trust and open communication. Parents need to use two-party problem solving to discuss discipline and responsibility issues. Family councils are crucial—they help teens feel their ideas, opinions, and participation in the family are important and valued.

2. This behavior is part of the child’s personality.

No two people are the same, however similar they may seem. We all have a unique combination of personality traits. We’ve already identified several kinds of personality traits: problem-solving, recharge, anger energy, learning and communication styles. Any one of these traits is not right or wrong, healthy or unhealthy; they are just different. Each has positive and negative aspects to it. We cannot *change* someone’s temperament, because much of it is determined by genetic factors, but we can influence how they *use* their natural abilities.

Be careful labeling children and adults by their personality traits, such as “overly emotional” or “bull-headed.” This implies something is wrong with the trait or person. Remember the skills and suggestions in the “Roles and Labels” section of the Self-Esteem Toolset.

Below is a list of personality traits which can cause PU problems. It includes suggestions for building on the strengths of the trait and managing common problems related to the trait.

- **Children are full of energy, experience strong reactions, and are easily frustrated.** When we see intensity building, we can provide quieting activities (reading, imaginative play) or acceptable ways to release energy (creative activities, such as drawing, singing, or acting). The Keep Your Cool Toolset’s recharge activities are helpful for both adults and children with this trait.
- **Children are determined** and stick to tasks and issues. They seem to push limits often. Parents can find positive ways to set limits (Don’t Say “Don’t,” No “No’s,” and Rules for Setting Rules), allow choices within bottom-line limits, and acknowledge feelings.
- **Children are easily overwhelmed** by senses (touch, smell, etc.) and emotions. (Yes, that shirt label really *does* bother them!) Parents need to be sensitive to the environment and their own moods. They can change the environment (like cutting off the tag) to reduce stimulation and teach children coping skills.

- **Children get easily distracted because they hear or see everything** and have difficulty tuning out unimportant input. They are often accused of not listening. Speak directly, establish eye contact and use gentle touch. Use words, drawings, and *show* children what to do. Limit the number of instructions given at one time and keep them simple and clear. Avoid “don’t”; focus on what they *can* do. Help children find ways to remind *themselves* to stay on task.
- **Children have a hard time making transitions between activities.** These children are uncomfortable with change and become upset in new and unfamiliar situations. Limit the number of transitions children must endure. Have consistent routines and as few surprises as necessary. Explain what will happen next and allow time for children to end one activity before moving to the next. Arrive early or visit ahead of time before expecting children to participate. Be encouraging, but don’t push too hard. With young children, use tangible time references they can understand. Older children with this trait can have difficulty adjusting to classroom changes if they haven’t learned effective coping strategies.
- **Children’s natural rhythms are irregular** (sleeping, eating, elimination). All children will have changes in their body rhythms throughout the developmental cycle, like eating more during growth spurts, but these children are regularly irregular. They may have difficulty adapting to consistent routines, so be patient. Show respect for their individual timetables for potty training, weaning, and putting themselves to sleep. Teach skills and nudge, but don’t push. Such irregular cycles seem unusual in childhood, but can prove beneficial in the adult years. (We appreciate emergency room doctors who are fully alert at 3 a.m.!)
- **Children need to move a lot** and this need is real. Allow children to move after long sitting periods. Provide safe, acceptable ways to release the energy. Offer frequent opportunities to run, jump, and climb, but make sure they don’t get too wound-up. If children are overstimulated or experience too many transitions, their behavior can fall apart.
- **Children are analytical and serious.** They often focus on faults and whine or complain. Help these children find the positive aspects of situations. Appreciate their ability to logically evaluate situations and offer suggestions for improvement. Show children how to have a sense of humor even when things don’t go their way.

Adult PU behavior is often the result of unbalanced personality traits. Negative, controlling people who seem “set in their ways” are difficult to be around, if they expect others to adjust to them. Adults have more control over their environment, the jobs they choose or whether they marry, so some people never learn self-regulating skills that could greatly improve their lives and relationships. We can try using some of the same prevention and response skills with adult PU behavior, but usually have less influence. We can try three approaches: (1) unconditionally love and accept people just as they are, (2) learn how to cope with and respond to their behavior without trying to change them, or (3) set limits that protect us from the damaging effects of being around them. (See the “Setting Limits” section in Chapter 15, “Three C’s: Consistency, handling Criticism, Confidence” for more suggestions.)

3. This is an accident or a medical condition is influencing the child’s self-control.

If misbehavior is an *accident*, involve children in cleaning or fixing the results of the accident. Teach positive attitudes about mistakes and accidents. Don’t shame or blame children; focus on solutions.

If children suddenly behave in uncommon ways, they might be getting sick, but haven’t shown any symptoms yet. This is most common when children are tired or hungry.

A Personal Story. When Amber was young and ran low on energy, her personality completely changed. She couldn't make a decision, cried over little things, picked arguments, and snapped at us. (Of course, I know adults who act the same way if they have to wait too long in a restaurant when they're hungry!) I easily recognized that she needed to eat or sleep, but if I said, "You're just tired" or "You are hungry" she'd yell, "No I'm not!" If I forced the issue, we'd get into a power struggle and she'd fall apart even more. I had to find a way to help **her** be more aware of her body's needs.

One night at bedtime, I explained how her body was like a car and that food and sleep are like the gasoline that gives a car the energy to go. When cars run out of energy, they stop moving until they get more gas. I described what bodies do when they run out of energy, naming the symptoms she often shows. I suggested that whenever she did those things, her body was telling her it needed more energy and she could choose what kind of energy she wanted to give her body. The fact that we discussed this when there was no problem made a big difference; she understood.

From then on, we tried preventing the problem by adding an after-school snack to her daily routine. She had to eat something before going outside to play. On the few occasions when she started falling apart, I now said, "**Is your body telling you it needs some food or sleep?**" Because I wasn't trying to force the issue and asked her to listen to her own body, she was more willing to consider the idea. If she resisted, I'd offer a choice, "Do you want a snack or to rest?" She'd usually eat a snack or do something quiet to recharge her energy. By age eight, she automatically got herself a snack when she was hungry and voluntarily took a nap.

Illness, mental retardation, autism, food allergies, or Attention Deficit Hyperactivity Disorder (ADHD) are examples of *medical conditions* that influence children's behavior. These children might truly have a limit to how much they can control their behavior when these factors are present. We can still use all the tools we've learned, but need to have realistic expectations about how long it might take to see progress. (Remember, a deeper problem is one of the five reasons the tools might not immediately work.) These tools will, at the least, not make matters worse and usually help speed progress. Read as much as you can about the disorder and specific strategies to use. Most are compatible tools to add to the Universal Blueprint (file them in the PU Toolset). If there are recommendations that go against some of the basic principles of *The Parent's Toolshop*, discuss your concerns with a trained professional who can explain whether there is a valid reason for using that approach. While we can't discuss all medical conditions in this book, it is important to focus on one—Attention Deficit Hyperactivity Disorder. Many children are labeled ADHD without proper diagnosis and quickly put on medication to "fix" them.

DIAGNOSING ADHD

True ADHD is a biological condition and there is no single method that accurately diagnoses it. ADHD children are not lazy, defiant, or bad. They often understand what they are told, but have difficulty controlling their impulses to do what they know they should do. Other medical problems (e.g., food allergies, auditory processing problems, or learning difficulties) can cause behavior that looks like ADD or ADHD. Similar behavior can also result when children haven't learned self-control, decision-making or listening skills. All these factors *must* be ruled out, before diagnosing a child with ADHD, so concerned parents want to involve a team of people from four critical areas:

1. **Parents** are a good source of diagnostic information since they are with the child the most.
2. **Teachers** can make observations of the child's behavior in large groups. Children can have a "learning disability" and not be ADHD. Some children have learning difficulties *because* their ADHD is untreated. Often, there are environmental factors (such as too much noise) that make it difficult for children to concentrate at home *or* at school, but they don't have a physical problem.
3. **Medical doctors** can rule out food allergies and hearing/visual problems, which have symptoms that mimic ADHD.

4. **Psychologists or psychiatrists** who are specially certified and trained in ADHD assessments can perform psychological testing. Parents can determine whether professional assessment might be necessary by reviewing the standard criteria for diagnosing ADHD:

Standard Criteria for Diagnosing ADHD^{1*}

A. Either (1) or (2):

- (1) *six (or more)* of the following symptoms of **inattention** have *persisted for at least 6 months* to a degree that is *maladaptive and inconsistent with developmental level*:

Inattention

- a. often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
- b. often has difficulty sustaining attention in tasks or play activities
- c. often does not seem to listen when spoken to directly
- d. often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- e. often has difficulty organizing tasks and activities
- f. often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
- g. Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
- h. is often easily distracted by extraneous stimuli
- i. is often forgetful in daily activities

- (2) *six (or more)* of the following symptoms of **hyperactivity-impulsivity** have *persisted for at least 6 months* to a degree that is *maladaptive and inconsistent with developmental level*:

Hyperactivity

- a. often fidgets with hands or feet or squirms in seat
- b. often leaves seat in classroom or in other situations in which remaining seated is expected
- c. often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to feelings of restlessness)
- d. often has difficulty playing or engaging in leisure activities quietly
- e. is often "on the go" or often acts as if "driven by a motor"
- f. often talks excessively

Impulsivity

- g. often blurts out answers before questions have been completed
- h. often has difficulty awaiting turn
- i. often interrupts or intrudes on others (e.g., butts into conversations or games)

- B. *Some* hyperactive-impulsive or inattentive *symptoms* that caused impairment *were present before age 7 years*.
- C. Some impairment from the symptoms *is present in two or more settings* (e.g., at school [or work] and at home).
- D. There must be clear evidence of *clinically significant impairment* in social, academic, or occupational functioning.
- E. The symptoms do not occur exclusively during the course of . . . [another mental or physical disorder.] (*Author's paraphrasing.*)

*Diagnostic criteria is reprinted with permission from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. copyright 1994, American Psychiatric Association.

There are actually three types of attention deficits: (1) Inattentive (ADD), (2) Hyperactive/Impulsive, and (3) Combined type (ADHD). ADHD can also appear in children who have other neurological (brain and nervous system), psychological, and learning disorders, so **a thorough diagnosis process is vital.**

TREATING ADHD

No one approach can “cure” ADHD and treatment must be long-term. Therefore, effective treatment plans should address all the possible factors that influence ADHD. The best treatment plan uses the first four interventions at the same time and may or may not include the last (medication).

- A. **Parent education is the most important part of treating ADHD.** *The Parent’s Toolshop* includes every parenting skill that ADHD experts recommend. Most of the strategies are adaptable to school and other settings. If a child does *not* have true ADHD, just problem behavior that mimics it, it is important for parents to spend time teaching children important behavioral skills.
- *ADHD children have a high degree of variability—they are consistently inconsistent.* These children *do* have good days—and it can be their undoing—because the adults around them may expect them to have good days every day.
 - *Teach children organizational techniques*, such as making lists, using self-reminders, using a planning calendar, and making desk, drawer, or closet organizers. These skills are also important to teach children who do not have ADHD, but have similar behavior problems.
- B. **Consistent behavior management.** Parents, educators, and others who work with ADHD children should not feel inadequate for having difficulty managing ADHD children. They must repeat themselves often to make progress or just keep situations from getting worse.
- *ADHD children have a hard time being self-motivated toward long-term goals.* They have difficulty paying attention or sticking with tasks unless the tasks provide instant gratification, or are novel, stimulating, and fun. This is why they have no difficulty playing video games for long stretches of time. Use positive, creative teaching methods that will maintain their interest. Teach children how to remind themselves to stay on track and find their own way to get the job done. (It is important to consider whether excessive TV viewing and video games have conditioned the child to only pay attention to stimulating events.)
 - *ADHD children respond well to external rewards, but also get quickly addicted to them.* Provide frequent, positive feedback, such as nods, descriptive encouragement, smiles, pats, and high-fives. Only add external motivators *if* the internal rewards are long-term. ***If you use external rewards*** (such as extra privileges, games, computer time, or free time), ***always comment on the long-term, internal rewards of a task or behavior and teach children how to set up self-rewards.*** This reduces children’s dependency on rewards and praise from others.
 - *Effective reprimands are immediate, brief, unemotional, and consistent.* Reprimands are ineffective when they are delayed, long-winded, harsh, critical, or emotional. Selectively ignore attention-seeking, minor behavior that is not aggressive or disruptive.
- C. **Effective classroom environment.** There are *many* small changes teachers can make in the school environment that greatly benefits ADHD children. Many of these changes will help *every* child’s ability to concentrate. For example, face children away from windows and stand in one location when speaking, so all the children can see *and* hear the instructions. Unfortunately, we can’t list all the ideas in this resource. (See the list of recommended reading at the end of this chapter.) Parents and educators should at least know about the following factors and incorporate them in their teaching style.

- *There are three steps to the learning process (learning, understanding, and remembering) and four ways people learn best (seeing, hearing, doing, and teaching).* Education commonly presents information through visual aids (books) and uses discussion to explain and practice the information. Some teachers add hands-on learning. If a child cannot learn or understand information until they have an opportunity to do hands-on activities, they may be behind other students who primarily learn through sight and hearing. This is only one example of how someone's learning style affects their ability to learn and retain information. The most effective teaching approach, however, incorporates *all* four learning styles at *each* step of the learning process, to account for the various combinations of learning styles.
- *In addition, **everyone** uses eight different areas of the brain² at each step of the learning process, but each person is stronger in some areas than others.*
 1. Words (written or spoken), songs.
 2. Numbers, patterns, and other logical strategies.
 3. Music, sound, rhythm.
 4. Pictures, visualizing, building structures, drawing, doodling.
 5. Physical movement, sports, dance, repetitive movements.
 6. Socializing with others, reading body language.
 7. Internalizing, imagination, self-discipline.
 8. Nature, plants, animals, and outdoors.

If a child is particularly strong in areas that schools don't happen to use and weak in areas they do use, the child might have difficulty learning. ***Parents and teachers can help children learn by incorporating all three learning styles and a variety of the eight learning centers of the brain.*** It takes far more creativity, time, and energy, but helps *all* children learn.

- ADHD children often participate in special programs, such as tutoring and reading groups, that take place during school hours away from the classroom. While they learn important skills in these programs, they also lose the extra time they need to complete schoolwork, absorb and process information, or simply get a mental break. They may get farther behind in their work and have difficulty adjusting to the transitions.
- D. ***Psychological Treatment.*** Locate a psychologist, psychiatrist, or therapist who is knowledgeable and experienced in treating ADHD. They can address the following special issues of ADHD:
- Treat depression and anxiety.
 - Explain how the mind/brain works and doesn't work.
 - Teach anger control, social, self-motivation, self-reminding, and relaxation techniques.
 - Build self-esteem, since ADHD children are often discouraged.
 - Provide marital and family therapy. ADHD affects the whole family (the ripple effect). ADHD children should not be labeled "problem children" or blamed for other family problems.
- E. ***Medication therapy***
- *Medication is only **one** type of treatment and should **only** be used as a last resort.* Some medications have negative side-effects and most are considered "controlled substances." Some employers (the military for example) will not hire adults who used these "drugs" in childhood. Given these risks, parents must seriously consider whether medication is really necessary. **Above all, never use medication alone or as a replacement for any of the other treatments.**
 - *Medication will not **fix** ADHD; it only manages it.* Medication for ADHD works like eye-glasses on vision problems; glasses don't fix the eyes, they simply help people see better. Poor vision and ADHD are both lifelong problems. As children mature and master self-regulating skills, they can often reduce or eliminate the need for medication.

“NORMAL” ISN’T AN EXCUSE

Some behaviors are considered “normal” for children of a particular age or who have a diagnosed medical condition. **“Normal” doesn’t mean parents excuse unacceptable behavior.** We need to teach children the skills they need to move beyond their current limitations and develop the maturity and skills they need later in life.

4. The child *does* lack the information to know better.

Sometimes children simply don’t know or remember how they are supposed to behave. Rules at home might be different from the school’s or a neighbor’s rules. “Knowing better” involves a logical understanding *and* an ability to consistently control the behavior. If we teach skills (Independence Toolset) and give information (Clear Communication Toolset) this type of misbehavior often stops or lessens, but this process can take time and practice.

Age alone does not determine if misbehavior is PU or PO. Children can be old enough that we assume they “should know better,” but haven’t learned or mastered the necessary behavior skills. For example, teens reared in violent homes or communities have learned violence. While we can expect other teens to resolve conflicts peacefully, these teens have not learned these skills. In these cases, our focus is to teach skills, as in PU behavior.

5. The child has *not consistently shown* he or she has *mastered* the skills to behave properly in this situation.☆☆☆☆

This last deciding factor usually accounts for the previous four. Children often haven’t mastered skills *because*:

- They are too young and haven’t had enough practice or experience.
- It doesn’t come naturally to them (personality traits).
- They aren’t feeling well or have to compensate for a biological barrier to using the skill.
- They don’t know about or fully understand how to use the skill.

The key to accurately answering “true” or “false” to this statement lies in understanding the words of this definition. “Consistent” means repeatedly or many times. “Shown” means we have *seen* the child act appropriately. Still, just because we have “told” children how to behave and maybe even seen them behave this way does not mean children have *mastered* the behavior. “Mastered” skills are behaviors children use *very* well and are almost a habit.

When we see PU behavior, we want to figure out the positive skill we want them to use and then ask ourselves, “Have I *seen* my child *regularly use* this skill, often enough that I am positive he or she is fully capable of behaving properly?” If not, we need to work more on teaching skills and not assume the child is intentionally misbehaving.

When in Doubt, Assume Misbehavior Is PU

Eliminate the possibility that children don’t know better, before assuming they are *deliberately* misbehaving. If their behavior is really PU and we react as though it’s PO, the behavior won’t improve. Children still won’t understand and will feel more discouraged, which leads to PO misbehavior.

Give children the benefit of the doubt. Just because their behavior is irritating (such as tapping a foot), it doesn’t mean it is “on purpose.” Only if we’ve taught them the skills, they’ve behaved “better” on a consistent basis in the past, and are behaving negatively in a *deliberate* way, is the behavior “on purpose.” **The key to recognizing PO behavior is intent; PO behavior is deliberate.**

PU Behavior Can Turn into PO Behavior

Our reactions to PU behavior influences whether children use the behavior later as PO behavior. If we give the behavior negative attention, the child receives a payoff. A classic example of this is when children say a swear word, but don't know what it means. In this situation, their behavior is PU. If children get a big reaction, they may intentionally repeat the behavior later for attention. Then the behavior would be PO. They knew they were not supposed to use the word and normally don't, but to some children, negative attention is better than no attention at all. If we keep in mind that "children usually repeat any behavior we reward," we can consciously control our responses to PU behavior and redirect it, instead of accidentally rewarding it.

We can **react** to PU behavior and turn it into PO ...



... or we can effectively **respond**, preventing PO.



USING THE UNIVERSAL BLUEPRINT

When responding to PU problems, we want to follow the universal PASRR formula. Here we will find many helpful tools to prevent or respond to PU problems. Let's review some of the tools we've learned that are especially useful with PU behavior and add a couple more tools.

Step A: Prevent the Behavior (Prevention Toolbox)

We can prevent many PU behaviors or, at the least, influence how quickly children learn appropriate behavior skills. We can use the **Prevention Toolbox** *anytime*, to prevent PU behavior or at any time in our response.

FOUNDATION-BUILDING TOOLSET

- **Choose helpful beliefs, attitudes and perceptions** about PU behavior, such as "The child hasn't mastered the skill yet." This can help us stay focused on teaching the child better skills and being patient during their learning process.
- **Model the behavior skills we want children to develop.** If it is a mental process that is difficult to observe, we *openly* model the behavior, a skill we learned in the Independence Toolset.

SELF-ESTEEM TOOLSET

- **Express unconditional love.** Children need to know we love them no matter what. We want to show we understand they aren't perfect and are trying the best they can, even if their best effort is less than desirable.
- **Use descriptive encouragement.** Discouragement can cause PU behavior to turn into PO behavior, so *encouragement can prevent both PU and PO behavior*. Notice positive behavior, describing what we see and how the behavior helps the child or family.
- **Acknowledge any effort or improvement** children make to control their behavior or use new skills.
- **Avoid labeling children by their behavior.** Help them see their potential.

COOPERATION TOOLSET

- **Plan ahead**, to prevent PU behavior. For example, if we know our children don't handle long shopping trips, or get overstimulated in crowds, we can prepare for these times. We can explain what we will be doing, what behavior we expect, and plan frequent breaks. We can bring activities children enjoy, rearrange the order in which we run errands, or arrange child care so we don't have to bring children with us.
- **Use positive words to make requests.** Saying "no," "don't," "stop," or demanding obedience offers no new information and often results in a tantrum or power struggle. When we tell children what they *can* do, they learn positive behavior more quickly.
- **Routines** are especially helpful with children who are still learning skills. We can also fall back on our routines to guide children in appropriate ways, "I know you don't feel like taking a bath, but remember, bath comes before books!"

INDEPENDENCE TOOLSET

- **Nudge, but don't push** children when developmental factors are causing PU behavior. Instead, teach skills, offer encouragement, and trust a child's natural timetable. We need to be extra patient if they regress during the transition from one stage to another.
- **Give information** when PU behavior occurs in children who "don't know any better."
- **Teach skills** one step at a time, give simple directions and many chances to practice the skills. We need to *see* they can behave appropriately on a *regular* basis, before realistically expecting them to do so.
- **Offer quick tips**, let children **be responsible for their own mistakes**, and **notice the difficulty** of tasks and skills children are learning but haven't mastered.

Responding to PU Behavior

When prevention doesn't work, or we need to immediately respond to PU behavior, taking the next steps of the Universal Blueprint's PASRR formula.

STEP B: ACKNOWLEDGE FEELINGS (CHILD PROBLEM TOOLBOX)

PU problems are onions; the outer skin is the PU behavior, the inner layers are the child's feeling or underlying *reason* for the behavior. PU behaviors are often the result of feelings like frustration, lack of control, or inaccurate beliefs. Here are some specific statements we can use at each step of the F-A-X Listening process, although you may have difficulty using the last two steps (A and X) with very young children.

Focus on Feelings

- **Give the feeling a name.** “That’s (feeling)!”
- **Connect the feeling with the event.** “Sometimes you feel _____ when (event).”
- **Use wishes and fantasy.** “I bet you wish . . .”

Ask Helpful Questions

- “What can happen when people (misbehavior)?”
- “Do you know why it’s important to (behavior you want to see)?”

X-amine Possible Options

- “How can you (what child wants) without (parent’s concern)?”
- “What else can you do when you feel like (misbehavior)?”

STEP C1: SET LIMITS AND EXPRESS CONCERNS

Even if PU behavior is normal, we still need to stay calm and respectfully state our concerns, expectations, and limits.

Keep Your Cool Toolset

- If we don’t control our anger, our unhelpful reaction will most likely start PO behavior. Avoid getting hooked into the problem *behavior* and deal with the real issue—the child’s feelings or lack of skills.

Clear Communication Toolset

- **Describe what you see**, without blaming, shaming, and name-calling. Say, “I see chips all over the floor” instead of “You left a big mess. You are such a slob!”
- **State limits and expectations.** Instead of saying “Don’t hit,” say, “When people are really angry they need to (appropriate anger energy outlet).”
- **Use quick reminders**, one word, nonverbal or flash codes, and notes.

Usually the first three steps in the Universal Blueprint’s PASRR formula (prevention, listening, and communicating) provide enough resources to resolve PU problems. When the problem continues, we move to the PU Toolset to Redirect behavior.

STEP C2: REDIRECT THE PU BEHAVIOR (PU TOOLSET)

Acknowledging feelings (Step B) and Setting limits (Step C1) are what we *say*. Redirecting the behavior (Step C2) is usually what we *do* while we are speaking. We can redirect problem behavior with a verbal statement or by taking action. Here are some extra tools especially helpful in redirecting PU behavior.

Ignore Behavior When Appropriate

This tool is only useful if the behavior is *not dangerous*. It is particularly helpful for irritating PU behavior, such as whining. By not giving the behavior attention, parents prevent giving a payoff that can turn PU behavior into PO behavior.

Ignore the *behavior*, not the *child*. A parent can acknowledge feelings, “I can tell you really want something” or encourage cooperation, “If you can use words I will know what you want and can get it for you.” We can also say nothing and only respond when the behavior stops or when the child talks or acts in an acceptable way, possibly unrelated to what they were doing. (We learn more about ignoring behavior in the PO Toolset.)



Offer an Acceptable Alternative ☆☆☆☆

If children are doing something that *isn't* okay, tell them what *is* okay. With younger children, we may need to physically redirect them. This tool is closely related to “offer choices within limits” and “Don’t say ‘Don’t.’” The possibilities for use are nearly endless:

- ▶ Trade a dangerous object with a toy that’s appropriate for a ***baby or toddler***.
- ▶ When ***preschoolers*** play too rough, say “you can play rough outside or find something quiet to do inside. You decide.”
- ▶ If we have safety concerns about ***school-aged*** children riding bikes around the whole neighborhood, we may approve of them only riding around *our* block several times.
- ▶ If ***preteens*** want to plan a winter indoor boy/girl party, suggest a springtime outdoor party with acceptable coed activities. Avoid lectures about romantic possibilities that would express distrust.
- ▶ When ***teens*** resist a visit to relatives, suggest bringing a friend, an activity to do, or make a deal that they don’t have to go somewhere else if they go there.



Distraction

Most parents are familiar with the effectiveness of distracting young children, especially those under four years. Because young children are so focused on the present moment, it is easier to change their focus.

A Favorite Story. Many years ago, I read a story in “Welcome Home³,” a national publication for stay-at-home mothers. As I remember the story, a mother and daughter were at the playground close to their apartment. The toddler resisted leaving. The mother saw a pretty butterfly and suggested they follow it. This got them out of the playground. But the mother didn’t stop there. She saw some flowers ahead and they went to look at them more closely. By following the various interesting sites along the way home, she arrived at their front door. Finally, she suggested they go visit their dog and see what he was up to. By using distraction, this mother avoided an argument that could have ended with her carrying the daughter, kicking and screaming, from the playground. Neither would have learned anything constructive and their fun time at the playground would have been spoiled by the way it ended.

Once children are older than four, distraction takes a different form. With older children, we can try several other techniques:

- Simply change the subject, refusing to argue.
- Add humor that in no way “puts down” the child.
- Give a friendly hug or tousle of the hair, or simply a knowing smile that says “That’s inappropriate. Want to try again?”



Environmental Engineering

Parents often fear that unless they control children, the children will take control. When we control a *situation*, we avoid controlling *children* with orders that lead to power struggles (PO problem). The most well known form of changing the environment is “child proofing.” By removing dangerous objects or restricting dangerous areas, young children can explore more freely. There are more ways, however, to control the environment that are useful with children of all ages:

- **Add** something interesting to the environment when they are bored.
- **Remove** from the environment, when there’s too much going on and they can’t filter out distractions.
- **Restrict** the environment, creating special areas for certain activities. For example, have a special homework nook, a specific play-doh area, or one room for all the toys.

- **Enlarge** the environment by moving outside or to a larger room when they need more personal space or room for active play.
- **Rearrange** the environment to make things more accessible, which encourages independence.
- **Simplify** the environment when there are too many changes or activities that overwhelm them.
- **Organize** the environment by establishing routines and rituals.



Identify PU Behaviors and Their Triggers, Then Make a Plan

Changing PU behavior usually takes longer than other behaviors, because the child's maturity and skill development take time to improve. With more severe or disruptive behaviors, we may need to develop a more comprehensive plan.

1. **Identify the PU behavior you want to work on.** Decide what you want children *to* do.

2. **Observe** when the behavior occurs and *doesn't* occur.

When the behavior occurs, ask yourself, "What is the child doing when it happens? What am I doing? What else is going on? What triggers it? What is the child getting from it?"

When the behavior does not occur, ask yourself, "What was different? Could this factor prevent the behavior? When *is* it okay to behave this way? What is the child getting from the behavior?"

3. **Control triggering events.** "Triggering" events cause or influence the behavior to occur. Reduce the factors that trigger the PU behavior and strengthen the factors that encourage appropriate behavior.

4. **Break the response chain.** Disruptive behavior can be a habit. One step leads to the next step, which leads to the problem. What *is* the typical pattern? To eliminate PU behavior, we must help the child learn new skills to replace the old habitual behavior.

5. **Give encouragement.** Acknowledge effort toward the positive behavior and any improvements children make. Focus on internal motivators and rewards. "(Friend's name) appreciated it when you (describe appropriate behavior)." If there are external rewards, wean children off of them quickly.

6. **Track the progress.** Notice steps toward the goal and any improvements. Recognize barriers and develop a plan for removing them.

The PU Formula

Using the PASRR Formula with PU Behavior

To use the PASRR response formula with PU behavior, use statements similar to the following examples:

Step A: Prevent the problem. "When people want _____, they (teach skills)."

Step B: Acknowledge feelings. "I can see you want/feel _____ . . ."

Step C1: Set limits and express concerns. ". . . but (explain concerns)."

Step C2: Redirect behavior. "You *can* (offer an acceptable alternative) instead."

Step C3: Reveal discipline. (We'll learn this in Chapter 13, "Discipline Toolset.")

Here are a few examples:

- ▶ "I can tell you're really angry! Hitting hurts people, so what else can you do to get your angry energy out?"

- ▶ “I know you think not wearing a helmet is safe if you ride your bike on the sidewalk. Even though cars might not hit you, you could still wipe out on the cement. When people in our family ride bikes, they do it safely. You can wear a helmet or walk.”
- ▶ “You’ve said a lot of your friends are getting body piercing. I’m not surprised you want to do it, too, since it’s a way to express who you are. I’m worried about the risk of infection and other health risks. I’d be willing to give you permission to do something safer but just as cool. What are some safer options?” (Continue with brainstorming a win/win solution.)

COMMON PU BEHAVIORS

Now let's look at some common PU behaviors that can occur at each developmental stage that we haven't already mentioned. While every possible PU problem isn't listed, *Parent's ToolshopSM* parenting classes and the next series of books (*T.I.P.S.: Tools for Improving Parenting Skills*) take each age group, tots, tweens, and teens, and apply the universal skills to the topics of interest for that age.

Infants

- **Crying** is the only way infants can communicate, so learn the difference in their cries and meet the need. Reliable responses build trust and security.
- **Fussiness.** If infants are overstimulated and fussy, use soft whispers, low lights, quiet music, rocking, and other soothing motions. Have at least five soothing activities to rotate. Be careful, however, that the soothing activity doesn't contribute to the fussiness. Give infants time to calm down before trying a new round of soothing activities. One activity is to eliminate all stimuli (including the parent) long enough for the child to calm down. An excellent resource is *The Fussy Baby*, by Dr. William Sears (La Leche League, International, 1985.)
- **Putting objects in their mouths.** Infants learn through touch and the tongue has more touch receptors than fingers. Child-proof the home and trade dangerous objects for acceptable items.
- **Sleep problems.** It is normal for infants not to sleep through the night or to need assistance going to sleep. Be careful using any technique that lets children “cry it out.” It causes children to eventually give up on parents, which breeds insecurity. We have already discussed some ideas for sleep problems and more follow in the toddler and preschool sections and later chapters. The end of the chapter lists several resources on this subject. (See “Sleeping” in the “Toddlers” section below.)

Toddlers

- **Clinginess.** Older infants and toddlers can be clingy, because they need to feel secure in unfamiliar situations. Be a “home base” that children can come and touch, to reassure themselves you are still there. Pat their backs or stroke their hair, without picking them up. This tells them you know they are there, but are not going to carry them constantly. As their walking skills improve, hold their hands, walk at their pace, and use descriptive encouragement to build independence. (See the “Separation anxiety” and “Delaying” sections below.)
- **Curiosity.** We can discourage our children's natural desire to learn by reacting negatively to their curiosity and exploring. We can encourage children to learn by allowing them to explore safely and child-proofing dangerous areas. Make a game of putting things up and exchange dangerous objects with acceptable alternatives. Use positive words to set limits and physically (gently) redirect toddlers' to other activities.

- **Delaying.** Toddlers can be slow! They seem to take forever walking, coming when called, or doing tasks we want done quickly. Our gut reactions will provide quick fixes, but cause other short- and long-term problems. If we carry children everywhere, they don't get practice walking for themselves and become clingier. If we drag them or swoop them up roughly, they are frightened and cry or resist, kicking and screaming. If we threaten to leave them, when they won't come to us, they believe we love them so little we would actually abandon them. This breeds insecurity. If we do tasks for our young children, simply because we can do them quicker, they don't get experience doing for themselves and are dependent longer. We want to plan ahead and leave extra time for children to do some tasks on their own. We can make deals, "You can put your coat on if you let me zip it up." We can offer choices to walk or carry them. If they continue to dawdle, we can *then* pick them up, saying, "I can see you've decided to be carried this time. Next time, you'll have a chance to walk." They still might kick and scream, but the last sentence teaches them that being carried is a choice *they* have, not a punishment we impose. (This last technique is actually **R**evealing discipline. We'll learn more discipline techniques we can use with PU behavior in Chapter 13, "Discipline Toolset.")
- **Grabbing.** Toddlers usually don't have the verbal skills to say "I want this." They also don't understand ownership. To them, whatever they have (or get), belongs to them. Teach them how to ask and suggest trading objects for something they want.
- **Separation anxiety.** While infants are learning trust, they can feel scared and hesitant when their main source of security, their parents, are gone. Healthy separation occurs periodically, so parents can meet their own needs without sacrificing the infant's needs. *Never sneak away* while someone distracts your child. Although children may cry less, the fact that the parent simply disappears is terribly frightening and actually prolongs separation anxiety. Even if children don't seem to understand words, tell them you are leaving, reassure them you will return, and leave them in a loving way. As they get used to this routine, they will cry less often. With time, you will find children work through their separation in quicker, healthier ways when we handle the situation lovingly and helpfully. (See "Clinginess" and "Delaying" in this section.)
- **Sleeping.** It is still normal for toddlers not to sleep through the night or to need help falling asleep. Establish routines, teach self-comforting, use encouragement, and meet their security needs or the problems will increase. If you let the child cry, start with the shortest time possible, maybe three minutes. Come back to check on the child at the agreed time. Soothe them in quiet ways, but do not pick them up. Do *not* increase the time between your checks until they handle three minutes well. Then increase to five minutes. When they handle five minutes, increase to ten, and so on. The next night, try starting at the time limit the child handled the night before. The key to the success of this approach is that children can rely on parents coming back and the time limit does not become unreasonable.
- **Tantrums.** Figure out what type of tantrum it is and respond accordingly. (See the section on "Tantrums" on page 74–75 in Chapter 3, "The Universal Blueprint.")
- **Throwing objects** teaches cause and effect. Pick up the object *once*, after that say "bye-bye." If toddlers throw food, remove the bowl, saying "I can see you're done" and offer them a towel to help clean up. You can put your hand on top of their's to help.
- **Wants to do tasks "by myself."** Allow extra time, offer choices within limits, teach skills, acknowledge the difficulty, and offer quick tips and encouragement.
- **Whining.** When children are frustrated but can't express themselves well verbally, they will often whine. We need to teach children how to make requests, "When you want something, say 'May I please have a ____.'" Then ignore the whining. Expect it to take some time for children to master the verbal *and* self-control skills they need to express their frustration appropriately. If we give children what they whine for, the whining can turn into a habit or PO problem.

Preschoolers

(See “Infants” and “Toddlers” sections above for behaviors that still remain in the preschool years.)

- **Bragging** and telling fantastic stories are often related to a child’s age or moral development and are not necessarily intentional lies. (Since lying is usually intentional misbehavior, there is a section devoted entirely to this topic and its developmental factors in the PO Toolset.)
- **Peer conflicts.** Use the Child Problem Toolbox to mediate and teach peaceful conflict-resolution skills. Instead of saying, “Be nice” or “Use words,” be specific. Describe what nice means and suggest specific words they can use. (See the “Sibling Conflicts” section of Chapter 8, “Problem Solving Toolset” for more ideas.)
- **Picky eaters.** Everyone has food preferences and being “picky” can be a personality trait (PU). Do *not* fix special meals. Make foods child-friendly. Involve children in meal planning and preparation; they will take a greater interest in eating what they have helped prepare. Let the child pick some foods to serve themselves. Plan to have one favorite food available, in addition to new or less favored foods. If children are too young to cook on the stove or cut with a knife, let them stir, pour, or wash vegetables. Involving children in gardening is also a great way to spark interest in eating healthy foods. (See Chapter 5, “Cooperation Toolset.”)

Parents can have several *bottom-line* limits: eating nutritious foods before sweets, allowing a reasonable but limited time to eat, and trying foods before rejecting them. Within these bottom line limits, children can choose *how much* they eat, *when* they eat, and *if* they eat. Encourage children to take a little of everything. These are “no thank-you helpings.” Children’s stomachs are about the size of their fists, so allow small portions. They can always have more. Many small meals are actually better for the body than a few large meals. Appetites vary greatly during and between growth spurts. Focus on well-balanced weeks, not days; nutrition rather than timing or amount. Make mealtime conversation pleasant. Do not criticize or nag about eating habits. Do not use food or dessert as a reward or incentive to eat. If parents become controlling about food issues, pickiness can become a PO problem. (See the index for pages numbers of other advice on picky eaters.)

- **Testing limits.** Be consistent and offer choices within limits. When preschoolers ask a million questions, ask what *they* think is the answer. (See the PO Toolset for suggestions that can prevent this behavior from turning into a PO problem.)

Early Elementary

- **Arguing.** Children enjoy using information they have learned or think others don’t know. This is why they correct others, especially parents and younger children. They might pick apart words, arguing about what you really said or meant. Encourage children to share what they are learning. If they use that information to make others feel inferior or stupid, point out the hurt feelings. If they pick apart your words, simply clarify what you *meant* to say and refuse to argue. If they persist, it is PO behavior.
- **Testing limits and rules.** Use the Cooperation Toolset to make requests and reveal rules in positive words. Use the Clear Communication Toolset to set limits and use parent/child problem solving to reach win/win solutions.

Late Elementary

- **More opinionated.** Respect different opinions. Don’t force your opinions, just share them. They are testing morals and rules. Ask, “What do you think?” and “What would happen if you did that?”

- **Noticing the opposite gender.** Don't tease. Respect their perspective and feelings. Discuss puberty before age nine. Explain emotional and physical differences between genders to help them understand immature or confusing behavior.

Junior High

- **Criticizing parents.** Don't take this personally or get revengeful. Young teens often think of themselves as all-knowing and invincible. Express your concerns and expectations in private, using the Clear Communication Toolset. When they want more unsupervised time with peers, agree to chaperon but keep a distance.
- **Moodiness.** Young teens can experience sudden and powerful hormonal changes, which influences their behavior and moods. They can be laughing about a situation one minute and crying the next, about the same situation! A junior high principal once described young teens as "chameleons on a roller coaster." Parents need extra patience and understanding during these unpredictable times.
- **Peer Pressure.** Use encouragement (not praise) and internal (not external) approval, which we learned in the Self-Esteem Toolset. Use the Child Problem Toolbox to teach decision-making skills.
- **Puberty.** Respect their individual timetable. Hormones can cause moodiness and confusing feelings (body and emotions). Give them facts, share values, and provide books written *for* young teens.
- **Telephone use.** Telephone privileges are important to teens; it is their second lifeline to their friends (after school). Young teens do much of their socializing and problem solving over the phone, because their conversations are safer and more private than at school. Parents need to find win/win solutions that don't totally cut off young teens from their friends.

High School

- **Asking for more freedom.** Teens feel frustrated, because they are too old for "kid" things, and too young for adult activities. They usually want more freedom to "try out" adulthood. If teens have displayed responsible behavior and their parents don't trust them and allow them to express their independence in healthy ways, teens may simply sneak to do what they want to do (a PO problem). Balance limits and freedom. Make agreements using parent/child problem solving.
- **Dating and involvement in sex** are difficult issues. Teens are told to "wait," but feel nature calling. If lines of communication are not already open, it will be difficult for teens to confide in their parents when facing tough decisions.
- **Dress styles.** Every generation has its own fashion fad. It is a way for teens to identify with each other and feel different from children and adults. Respect their individual tastes. Don't impose your own style, unless it's a rare special occasion. Focus on internal personality qualities, rather than external appearances. Bottom-line limits should relate to safety and health. Extremely provocative styles can invite sexual victimization.
- **Driving.** When teens are ready for drivers education, use two-party problem solving to express concerns about the young driver's safety and to negotiate an agreement for keeping the *privilege* of driving. (It is *not* a "right.") Don't give new cars and unlimited driving privileges to teens on a silver platter; driving is a wonderful opportunity for teens to learn about and practice having adult responsibilities. Have the agreement include maintaining good grades, a job to pay for insurance and repairs, and a good driving record. Agree that if teens break the agreement (poor grades, accidents, tickets) they will give up driving privileges. (We learn more about "Restrictions" in the Discipline Toolset.) This is one agreement parent should get in writing.

ADDITIONAL RESOURCES

In addition to the books mentioned in this and other chapters, there are other resources that address the causes of PU behavior. Here are some possible topics and recommended resources:

Young children:

- *Parenting Young Children*, with James S. Dinkmeyer (American Guidance Service, 1989).
- *Tantrums: Secrets to Calming the Storm*, Ann E. LaForge, (Pocket Books, 1996).
- Any book or resource by Doctors T. Berry Brazelton or William Sears.
- *The First Three Years of Life*, Burton L. White, M.D., (Fireside Books, 1995).

Puberty:

- *Changes in You & Me*, by Paulette Bourgeois and Martin Wolfish, M.D. (Somerville House, 1994). A book written for children nearing puberty. There is one book for boys and one for girls.
- *Created by God: About Human Sexuality for Older Girls and Boys*, by Dorlis Brown Glass with James H. Ritchie, Jr. (Graded Press, United Methodist Church, 1989).

Teens:

- *The Parent's Handbook: S.T.E.P./TEEN, Systematic Training for Effective Parenting of Teens*, Donald Dinkmeyer, Sr. and Gary McKay, (American Guidance Service, 1983).
- *Between Parent and Teenager*, Haim G. Ginott, (MacMillan, 1969).
- *Positive Discipline for Teenagers : Resolving Conflict With Your Son or Daughter in an Atmosphere of Mutual Respect*, Jane Nelsen, with Lynn Lott, (Prima Publishing, 2000).

All ages:

- *Creative Parenting*, William Sears, M.D., (Everest House, 1982). Explains several developmental issues of all ages, including medical advice.
- *Childswork/Childsplay*, a catalog of therapeutic games/books for parents, teachers, and therapists. An excellent resource for teaching emotional and behavior skills. Call 1-800-962-1141 or write 135 Dupont St., P.O. Box 760, Plainview, NY, 11803. Website: <http://childswork.com>

Bedtime/Sleep problems:

- *The Family Bed*, by Tine Thevenin. (Avery Publishing Group Inc., 1987).
- *Nighttime Parenting*, by Dr. William Sears (La Leche League International, 1985).

Learning styles:

- *Seven Kinds of Smart: Identifying and Developing Your Many Intelligences*, Thomas Armstrong, (Plume, 1993).
- *How Your Child Is Smart: a Life-Changing Approach to Learning*, Dawna Markova, Ph.D., (Conari Press, 1992).

Personality traits (also called “temperaments”):

- *Raising Your Spirited Child*, by Mary Sheedy Kurchinka (HarperCollins, 1991).

Food allergies:

- *Is this Your Child? Discovering and Treating Unrecognized Allergies*, Doris Rapp, (W. Morrow, 1991).

Attention Deficit Hyperactivity Disorder:

- *The Myth of the ADD Child: 50 Ways to Improve Your Child's Behavior and Attention Span Without Drugs, Labels, or Coercion* Thomas Armstrong, (Dutton, 1995).
- CH.A.D.D. National Headquarters, 8181 Professional Place, Suite 201, Landover, MD, 20785, 301-306-7070, fax 301-306-7090. CH.A.D.D. has parent support groups throughout the United States (call to inquire about international resources) and publishes an “educator’s manual” for teachers. For more information, check the CH.A.D.D. Web site, home page address: <http://www.chadd.org/>

SUMMARY SHEET PU TOOLSET

CORRECTLY IDENTIFY PU BEHAVIOR ☆☆☆☆

Question #2: Is the Misbehavior Unintentional or "On Purpose"?

"Yes" to *any one* of the following questions means it is PU behavior.

1. Is this behavior the result of the child's immaturity or developmental stage?
 - *Style of Development:* Children learn skills all-at-once or one-at-a-time. Trial-and-error or wait-and-do learners.
 - *Rate of Development:* Children develop at their own pace.
2. Is this behavior part of the child's personality?
3. Is this an accident or is a medical condition influencing the child's self-control?
4. Does the child lack the information to know better?
- ★ 5. Has the child *not consistently shown* that he or she has *mastered* the skills to behave properly in this situation? ☆☆☆☆

"Normal" isn't an excuse. Don't *excuse* behavior, teach skills that help them move through developmental stages, balance personality traits, or compensate for physical limitations.

When in doubt, assume it is PU.

THE PASRR FORMULA FOR PU BEHAVIOR

- Step A. Prevent the problem by using the Prevention Toolbox, especially the Independence Toolset. "When people want ____, they (teach skills). You can (offer choices)."
- Step B. Acknowledge children's feelings or perspective with the Child Problem Toolbox, "I can see you want/feel _____."
- Step C1. Set limits, using the Clear Communication Toolset. "...but (state limits in positive words)."
- Step C2. Redirect PU behavior.
- When appropriate, ignore behavior.
 - Offer an acceptable alternative. ☆☆☆☆
 - Distract by changing the focus or subject.
 - Use Environmental Engineering to control situations, not the child.
 - Target PU behaviors, identify their triggers, and plan a strategy.

PRACTICE EXERCISES

- A. PU or PO?** Each of the following behaviors can be either PU (unintentional, developmental, personality, lack of skills) or PO (on purpose). Read each explanation and write either “PU” or “PO” in the blank next to each description of the reason for the misbehavior.
1. When Dad tries to play a game with Cassy, 4, and her siblings, Cassy often takes the game pieces and leaves the room.
 - a. ____ Cassy has a hard time sitting still for any length of time. She thinks the game pieces are interesting and carries them with her when she moves on to another activity.
 - b. ____ Cassy likes to play games and can sit still when she wants. When it’s her turn, the other kids tell her to “Hurry up,” so when it’s their turn, she sometimes takes the game pieces. She likes it when her Dad or sisters run after her to get them back. This is more exciting than the board game.
 2. Susan, 9, has her friends visiting her house. When her parent asks her to do something, Susan gives a smart-aleck response.
 - a. ____ Normally, Susan is very cooperative. If she doesn’t like something, she is usually assertive, but respectful. She only answers this way when her friends are around, as though this might impress them. Is this PU or PO behavior?
 - b. ____ Susan has always been outspoken, but since she entered sixth grade, her first year of middle school, she has been a real smart-mouth. It seems no matter how nicely her parent asks, Susan has a flip attitude. The parents have heard Susan’s friends talking to their parents the same way. Is this PU or PO behavior?
 3. John, 14, punched another young teen, Joe, who was harassing him on the school bus.
 - a. ____ John tried to be assertive with Joe and then tried to ignore him. John’s friends said, “Are you going to let him get away with treating you like that? If you don’t do something, he’s gonna keep bugging you.” John waited and his friends kept pressuring him, making clucking chicken sounds, and teasing him. So John got up, walked to Joe (who was now sitting and minding his own business), and tapped him on the shoulder. When Joe turned around, John sucker punched him. Is this PU or PO behavior?
 - b. ____ John’s father always tells him to stand up for himself and never let others get the first punch. When Joe bothered him, he told him to stop or he’d punch him. Joe continued to harass John, so he punched Joe. Is this PU or PO behavior?
 4. Teri, 16, wears clothes that are unacceptable to her parents.
 - a. ____ Teri has chosen this style of clothing not just to be like her friends, but because she likes it, too. She knows her parents don’t like it, but she wants to be able to decide for herself what to wear.
 - b. ____ Teri wants to be accepted by her friends and wearing these clothes helps. She is tired of her parents nagging her about her clothes. On days when they *make* her change, she and a friend trade clothes when she gets to school. Now, she won’t go shopping with her parents, because they try to force her to change.
- B. PU Mutations.** The way we respond to PU behavior can cause it to turn into PO behavior. In each of the following situations, identify whether the presenting problem is PU or PO behavior and choose an appropriate response. Depending on your answer, it might “mutate” or change into PO behavior.

1. A toddler is touching a glass clown figurine on Grandma's coffee table.
Is this behavior PU or PO?
Which response is most appropriate?
 - a. Rush to the toddler. In a loud voice, that emphasizes the danger of this action, yell "No!" Then slap the toddler's hand. Leave the clown there and repeat this response until the child stops touching the clown when visiting.
 - b. Kneel next to the child and acknowledge how pretty the clown is. Hold the clown and let the toddler touch it, saying, "This can break. You can touch it now, but then we only look at it when we visit." Then put the clown up on a shelf out of the toddler's reach.

If you chose response "a," the toddler now looks at you before touching the glass clown that is still sitting on the coffee table. You've said "no" and slapped the toddler's hand several times now. When you are talking to your mother, the toddler tries to get your attention by interrupting you. You ignore the toddler. The toddler goes to the glass clown, picks it up and holds it, looking at you. Now, is *this* behavior PU or PO?

2. A child, age 7, is supposed to be cleaning the toy room, which is littered with toys. The child is sitting in the middle of the floor playing with the toys and occasionally tossing a toy or two into the toy box. Is this behavior PU or PO?
Which response is most appropriate?
 - a. Stand over the child, hands on hips, and say, "You're supposed to be cleaning up the toys, not playing. Now get back to work." The child complains that there are too many toys. You pick up a few toys to help. The child isn't helping, so you say, "I'm not going to help you if you aren't lifting a finger! You can clean it yourself." Then leave.
 - b. Kneel next to the child and say, "Wow. There sure are a lot of toys!" The child complains that there are too many toys. Say, "Sometimes it helps if you can make a game of it. Would you like to play a song while you clean? You can see how many books you can put in the bookshelf by the end of the first song. Then you could gather some of the kitchen toys during the next song. Would you like to try that?"

If you chose "a," the child is now angry and crying. The child starts throwing the toys into the toy box—and against the door you slammed, and against the wall. Now, is *this* behavior PU or PO?

3. A teenager asks for a later curfew on Saturday night, to attend a party.
Is this behavior PU or PO?
Which response is most appropriate?
 - a. You say, "No, I don't want you going to a party. There will probably be kids drinking there." Your teen says, "My friends don't drink!" You say, "Well, even so, you shouldn't be out that late." Your teen protests even louder, "But . . ." You interrupt, saying, "My answer is final! Now quit arguing!"
 - b. You say, "I worry about parties where there might be drinking and then riding home with another teen late at night." The teen says, "But my friends don't drink!" You say, "I know you want to be with your friends. And I trust *you* and the friends I know. Might there be other teens there I don't know who might bring alcohol?" The teen says "Maybe, but I still wouldn't be drinking!" You ask, "How would you respond if they offered you alcohol and tried to pressure you to drink?" The teen explains. "Well, you probably would handle the situation well, but I still worry about those teens being on the road when you are riding home late at night. Is there any other way you can get together with your friends at a safer location or an earlier time?" You explore other possibilities with the teen.

If you chose “a,” the teen is angry about missing the party and goes to bed. When you check the teen’s bedroom at 11 o’clock, you find the window open. The teen has sneaked to go to the party anyway. Now, is *this* behavior PU or PO?

Activity for Home

List problem behaviors you are experiencing with your child. For each, consider the five diagnosis statements. If the misbehavior is PO, we will learn how to redirect the behavior in the next chapter. If it’s PU, answer the questions below for each behavior and apply the PASRR formula to each.

1. Describe the behavior.
Is it PU or PO? Why?
If it’s PU, can you Prevent it?
When it happens, how can you respond? (Acknowledge feelings, Set limits, Redirect misbehavior.)

Detailed Answers

A. PU or PO?

1. When Dad tries to play a game with Cassy, 4, and her siblings, Cassy often takes the game pieces and leaves the room.
 - a. PU. It is normal for a four-year-old to be antsy, play with objects, and forget she is carrying them. She is simply “in her own world.”
 - b. PO. The fact that Cassy is capable of sitting still on a consistent basis is one clue this is intentional behavior. The other clue is that she behaves this way when she feels hurt by criticism and is making a game of taking the pieces.
2. Susan, 9, has her friends visiting her house. When her parent asks her to do something, Susan gives a smart-aleck response.
 - a. PO. Susan normally isn’t disrespectful, only around her friends, to impress them.
 - b. PU. Being outspoken is part of Susan’s personality, most preteens go through a stage where they test limits and act smart-alecky, which is shown by her friends’ behavior. Although it’s “normal,” Susan’s parents should not ignore, accept, or excuse her behavior. They can assertively respond and redirect it.
3. John, 14, punched another young teen, Joe, who was harassing him on the school bus.
 - a. PO. John showed he had better conflict-resolution skills, but buckled under pressure to please his friends.
 - b. PU. John’s father has taught him that he is supposed to respond to harassment by fighting.
4. Teri, 16, wears clothes that are unacceptable to her parents.
 - a. PU. Teri is trying to assert her individuality, which is normal for a teen. She chooses these clothes because she likes them, not just to get attention from her friends or to aggravate her parents. As long as her parents don’t make an issue out of it or only have bottom-line limits of decency, Teri will probably try other styles, never using clothes as a weapon to control or hurt her parents.
 - b. PO. Teri is rebelling against her parents’ attempts to control her. She is using clothes, an area her parents can’t control, to prove she has power. When they “make her” conform, she complies only until she is out of their sight, then she defies their orders.

B. PU Mutations. In *each* situation, the original presenting problem was PU. The ineffective response (always Option a), either escalated the situation or gave the child a payoff. Then, the situation turned into a PO problem, with the child using a similar behavior later, on purpose.

1. If we let children look at items or maybe touch them *very* carefully while we explain the danger of it breaking, we satisfy their curiosity and give them information. They are *less* likely to be obsessed with touching the item, because they already have. It is no longer forbidden territory. If we forbid them from even exploring them safely, they are even more curious about the item. They might try to touch it when they can't get caught. Or, knowing they can get the parents reaction, they might touch it to get the parent's attention. In this case, the same touching behavior is PO.
2. Cleaning huge messes is overwhelming for *everyone*, especially children who haven't mastered an efficient cleaning system. *If* we help, we want to teach skills or use fun ways to get the job done. If we simply do the job for them, they have little reason to help. If we use the chore as punishment, they are even less motivated to help. Punishment breeds anger and resentment, which often lead to revenge.
3. Being invited to a party makes teens feel accepted, even if they don't know or like everyone who will be there. It is natural for teens to want to go out alone with friends and occasionally stay out later than usual. Parent/teen problem solving does not always result in parents giving permission. Sometimes it helps teens plan for unexpected situations they might face. Other times it results in a plan that meets the teen's needs *and* the parent's concerns. Even when parents' limits must stand, they can use empathy and effective communication tools to prevent the situation from escalating into power or revenge cycles. If teens try the honest approach, asking permission and trying to reassure parents, but they never get a chance to prove themselves trustworthy, they become discouraged. If they know the answer will always be "no," they may stop asking permission and find other, less acceptable, ways to get the freedom they desire. These ways are usually more dangerous than what they originally asked to do.

WHAT'S NEXT?

As we better understand the causes of PU behavior, we more quickly identify it and redirect it. We avoid unhelpful gut reactions that can cause PU behavior to mutate into PO problems.

Chapter 12, "PO Toolset ('On purpose' misbehavior)," explores the purpose behind intentional misbehavior and ways to redirect it. Once we identify a behavior as "on purpose," this toolset helps us answer the next question: "What *is* the purpose?" We learn the four types of purposeful misbehavior and how to redirect each type, using specific tools from previous toolsets. We also learn the motives behind lying and how we can use the PO Toolset in adult relationships. Chapter 12 ties together everything we've learned so far and shows how we can use the Universal Blueprint in any relationship.

REFERENCES

- 1 ADHD diagnostic criteria comes from the *American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition. Washington, DC, American Psychiatric Association, 1994. (pp. 83–85). Underlined emphasis on certain words was added by this author. Diagnostic criteria is reprinted with permission from the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition. Copyright 1994 American Psychiatric Association.
- 2 Based on Howard Gardner's multiple intelligence theory, which dozens of other author's have used and written about.
- 3 *Welcome Home*, a monthly publication of original, inspirational stories. Published by Mothers at Home, Inc., 8310A Old Courthouse Rd., Vienna, VA, 22182. Phone: 703-827-5903, Fax: 703-534-7858, Web site: <http://www.mah.org>