Children who have developed different ways of thinking also develop different ways of responding to parenting. Sometimes they do not respond to "normal" parenting styles so a different one needs to be developed.

Paradoxical Techniques
(Resisting Resistance Increases Resistance)
by Deborah Hage

"In paradoxical therapies the task is to have the person "spontaneously" behave differently, not behave differently because he is told to. The therapist wants the person to take the initiative for new behavior. One way to achieve that goal is to provide an internal conflict of such a nature that the person "spontaneously" changes rather than continue the past behavior. Then the new behavior does not occur because the therapist told the person how to act, but because the therapist inspired the person to take the initiative for new behaviors. "(pg 78)
Jay Haley, Ordeal Therapy (1984)

Paradoxical directives are therapeutic and parenting techniques that short-circuit a child's resistance. They have a tendency to circumvent a child's anger and fear systems and help prevent the child from becoming aroused. They also help eliminate the control battles that often escalate into confrontations between the parent and the child. The basic use of a paradoxical directive is to tell the child to do what he is going to do anyway. If the child chooses the negative behavior he usually demonstrates both he wins and his parents win because he is doing what they told him to do. If he does not engage in the negative behavior in order to demonstrate that his parents can't tell him what to do then the parents are still in control of the situation because he is making a good choice. Either way, both the parent and the child win! Foster Cline in his book *Understanding and Treating the Difficult Child* wrote, "A therapeutic double bind means putting a child into a position where the only way out is health!" When done appropriately they move the control battles from outside the child to inside the child, from the parents and therapists to the child.

A classic example would be to tell the child who tantrums when asked to do a chore that he is going to be asked to do something which always causes him to scream and yell so to go ahead and scream and yell and get it out of the way first. If the child screams and yells the parent is in control of the situation as the parent gave the child permission to do exactly that. The parent can hardly get upset when the child is doing what he has been told to do. If the child does not scream and yell and instead states that he can do the chore without screaming and yelling the parent is still in control of the situation because the child has made a good decision and the end result is the desired one. Predicting for a child what he normally does under certain circumstances enables the child to make a different choice. *Giving children the opportunity to make good choices is the foundation of therapeutic parenting*.

There are three basic approaches to the use of paradoxical directives that are important to keep in mind.

- 1. The Element of Prediction
- 2. The Element of Permission

- 3. The Element of Control

The first two reinforce the critical concept that when parents respond to negative behaviors by being confrontive the behavior increases, not decreases. This concept is shortened to "Resisting Resistance Increases Resistance." The third use reinforces the concept that the therapist/parent must be the one in control of the situation if the child is to find a way out of his pattern of negative behaviors.

Goals of Paradoxical Techniques
The over all goal of paradoxical techniques is NOT to MAKE the child compliant or cooperative. The goal of any parenting intervention is NOT to ever MAKE the child do anything. The goals are:
To set up situations where the child can become thoughtful about his behavior before he engages in it so he can use that thoughtfulness to make choices aregarding his behavior that might work out better for him then choices he has made before. The goal for the child is for the child to <u>make himself</u> do what is right. Not external control, but rather the development of internal control.

For parents to demonstrate both to themselves and the child that no matter what the child chooses the parents are in control of the situation, everyone is safe and the parent's love and concern will be present for the child regardless of what the child chooses to do. The goals for the parent are to prepare for negative behavior so there is no surprise and possibly anger, to give permission for the behavior so it is a controlled situation and, finally, to find ways to continue loving his/herself and the child without getting enmeshed in the downward spiral of negativity.

The goal of paradoxical parenting is not to somehow trick or manipulate the child into behaving well. Because the goals are to effect a change of heart and attitude on the part of both the parent and child towards the child's poor behavior choices, anytime those occur, the intervention is successful regardless of what the child chooses to do. No matter what the child chooses, then, the parent can praise the child for their choice and reinforce the message that the parent is so awesome she can love a child even when the child makes poor choices.

The Element of Prediction
If you don't think ahead you will be at the mercy of those who do. Or, you snooze, you lose.

The amygdala is that small portion of the brain at the top of the brain stem where the neurotransmitter cortisol is created. Cortisol is most frequently created in response to stressors. In the face of a stimulus that causes fear or anger the amygdala floods the system with cortisol in order to prepare it to meet the physical or emotional challenge. What is known about children with various emotional disorders that contribute to overreaction to stimuli is due to a variety of factors (genetics, the in utero experience and/or the first two years of life) there is heightened conditioning to produce elevated levels of cortisol in response to fairly small events. An example would be the child with lower levels of cortisol, who reacts fairly quietly to the directive to empty the trash while a child with an untrusting relationship, a mood disorder or oppositional defiance reacts with extreme hostility, often erupting into screaming or violence, evidence of an extreme flood of cortisol. Research has shown that cortisol destroys brain cell connections!
One of the contributors to a cortisol rush in most people is the element of fear. Events that are

misinterpreted as intimidating are more apt to cause a cortisol rush. Knowing this the wise parent will make every effort to minimize the element of fear that can by itself trigger a negative reaction in a child. Minimizing the element of fear has the potential to profoundly effect the child's reaction to the parental directive or comment by allowing the child to step back from the interaction before cortisol is elicited and giving the child's brain a chance to process the interaction and choose whether or not to get aroused. The child may still choose to get aroused and upset. The child may still choose to become angry, agitated, verbally abusive or destructive, however, it is no longer an automatic response to the brain chemicals.

It is important to interject that it is not up to the parent to decide for the child when the child is afraid or to dismiss the possibility the child is afraid just because the parent does not see anything to be afraid of. The child decides when he is afraid and will react accordingly. This fear needs to be respected even if it is completely irrational to the parent.

Predicting for a child has two positive results. One is that his behavior is "demystified" for him. He can become an "observer of himself" and begin to use insight to think his way into a new way of behaving. Secondly being told what he normally does in certain circumstances gives the child an opportunity to take a breath and choose a response instead of the brain impulsively charging through the response it is conditioned to select.

Examples: (Said lovingly, softly with NO SARCASM. Anything said with anger loses all potential to effect change.)

"Honey, I am going to tell you to empty the trash, however, I know that has often been hard for you and you tend to begin to scream, 'It's not fair!' Do you want to start screaming or do you want to think about doing something different? You choose."

"I know how upset you get whenever I have you do something so I just want to let you know I'm going to tell you to do something. Do you want to get upset first or after I have told you what I want you to do? Either way is fine with me."

"Well, that is a tough thing you are asking me to agree to. In the past when I have said, 'No' you have gotten all upset and started screaming and yelling at me that I was a jerk. Do you want to start calling me names now or do you want to wait until after I have told you my answer?"

Another predicting tool can be used by the child in the form of a journal. By having the child write events from his day into his journal he can begin to keep track for himself and document what behaviors he routinely engages and what the consequences have been. For example his daily journaling might be dedicated to filling in these blanks:

When I _____, _____ happens.
When my mother tells me to _____, I _____.
When I am supposed to _____, I _____ instead.

When I do what I am told I get to _____.
When I don't do what I am told Dad _____.

The Element of Permission
Another technique that can be de escalating for parents and child is the "double bind". It is a paradoxical technique that allows for, and sometimes encourages, oppositional behavior in a way that keeps the parents in charge of the situation and everyone safe. This can be used in concert with several other techniques. The point is to tell the child to do what he is going to do anyway. If he does it, the parent is in control of the situation. If he doesn't he has made a right choice. For example, "Go clean up your toys, but first, whine and fuss." If the child righteously declares he can pick up his toys without whining and fussing, both the parent and child win! If he whines and fusses, the parent is still in control of the situation

(Reminder: Said lovingly to encourage the child and create thoughtfulness in the child. NO SARCASM. The voice does not go up in pitch or increase in volume. This might take practice with another adult before attempting it with a child)

"It's your turn to do the dishes, but don't worry, take your time, there's no rush. They'll still be there tomorrow, and the great thing is that there will probably be more then so you'll be able to help out even more than if you do them tonight."

"Feel free to not study for tomorrow's spelling test. Your dad and I are perfectly capable of loving a child who doesn't know how to spell."

"Keep practicing flipping the bird. If you are going to do something, do it until you are the absolute best at it!"

Try pizazz for good behavior plus a double-bind. This MUST be said with no sarcasm!

"Wow, did you see what you just did? You walked by Jim without punching him!!! I bet that was an accident. You meant to hit him and forgot. Walk by and try it again to see if I saw what I think I saw!"

In their book Attachment, Trauma, and Healing, Terry Levy and Michael Orlans describe the double bind technique as they teach it to the parents who turn to them for help with their behaviorally difficult child.

"Oppositional children sometimes need to be told to do more of a negative behavior ('prescribe the symptom'). This creates a double bind. If the child displays the negative behavior, it is expressed at the request of and under the control of the parent. If the child refuses to display the negative behavior, the parent is pleased with the child's decision not to act out. For example, a parent might say, 'Great temper tantrum, can you scream louder?' Prior to giving the child a chore, a parent might say, 'I really want you to do a very bad job with this chore. Do it slowly and don't finish it.' Ironically, contrary children typically do not follow the parental directive, i.e., they do it right."

One of the beauties of the double-bind is the parent gives the child permission to make a bad choice. When the child does make a bad choice, the parent is ready for it and does not get sucked into an angry response. It doesn't make sense to get angry at a child for doing what he has been told to do. Additionally, since many negative behaviors are done to enrage the parent, having the parent give permission often robs the child of the reason for doing it.

This is particularly useful when a child has had a very good day. Some children are so unaccustomed to good behavior they need to sabotage their success in order to get back to their more comfortable role of behaving badly. To diffuse the child's desire to fail it is helpful to lovingly say:

"It must feel pretty weird to not have people yelling at you all day. Don't push this being good thing too far. One day is enough. Tomorrow, relax, take it easy, and try something sneaky just to keep in practice. See how often you can make people angry."

The child can then think, "I'll show Dad. He can't tell me what to do. I can too be good two days in a row." Or, he can think, "Dad's right. That was hard today. No point in setting everyone up to think I've changed when I really don't want to." Either way, everyone hopes for the best but is prepared for the worst, so whatever happens can be greeted with equanimity, rather than a sense of failure that one good day wasn't extended to two good days.

Haley in *Strategies of Psychotherapy* described another example of giving permission. An adolescent was going to run away so the therapist said he had no objections to that as long as the plan was a good one. The therapist suggested they discuss the plan to ensure it was an adequate one. As the boy described how he was going to run away the therapist pointed out the weaknesses of the plan and made suggestions as to how he could escape more successfully. By first giving the child permission the therapist is able to guide the child to see the ultimate futility of the plan as no matter what he did his parents would seek him out and, with society's help, bring him back home. The therapist suggested that if not living at home was his goal it would be better and more straightforward if the therapist just called social services and had him placed in residential treatment without going through all of the hassle of running away.

Another outstanding example as presented by Dr. Foster Cline in his lecture series is one of a child stealing candy. The wise parent or therapist uses the double bind like this: *"I understand you steal candy even though we feed you all you want at the dinner table and give you goodies sometimes. The emptiness you feel you are trying to fill up through your stomach, but the real emptiness is in your heart. Now, I want you to keep stealing food until you figure that out. The smart kids figure it out pretty fast. Other kids might take a longer time. It will be interesting to see how long it takes you to figure it out!"*

The Element of Control

In Zaslow's original book, *The Psychology of the Z-Process: Activation and Attachment*, published in 1975, there is a chapter written by Marilyn Menta in which she describes what Zaslow called "The Reversal Procedure".

"This is a technique where the child, at the appropriate time in treatment, is actually told to perform a negative act, a reversal of the tendency to have the child perform positive acts. For example, a child may have the bizarre behavior of flicking his fingers in front of her eyes or screaming unnecessarily. When the therapist requests or commands that the child do these acts, there is a tendency for the child to resist. This is done because the therapist is achieving control by initiating the act and making the act positive and social at that moment, since the therapist requested the act. The same is true of terminating an act. This becomes significant to do when the child controls others by an act, maintaining and using it as a resistance. The principle of who initiates and who terminates an act is all-important and is one which Dr. Zaslow has found to be at the heart of the control problem with some children."(pg 38)

Jay Haley, in *Strategies of Psychotherapy* (1963), devotes whole sections to the essential principle that, with certain clients, the therapist must be in control of the therapy session if change is to occur. If the client knew how to heal himself of his negative behaviors and his unhappiness, he would have done it. The client has come to a therapist because he needs direction and, according to Haley, it is the role of the therapist to provide it. Haley describes several different sessions in which very specific directives were given to the client. When a client came in complaining of continual blinking, stating the blinking was out of his control, he was told that every time during the course of the session that he blinked he was to say the word "Elephant". He became so upset at having to say "elephant" all the time that he became conscious of his blinking and took control of it, stopping it.

Victor Frankl, as a technique of "logotherapy" which he developed, called telling a client to do what the client was trying to stop "Paradoxical Intention". Frankl gave the example of directing a client who wanted to stop blushing during interactions with others to blush during their therapeutic conversations.

For a woman with a nervous condition Haley scheduled another "paradoxical" ordeal. He explained to her that she was able to be only partially nervous and depressed because she was distracted by other things. Haley told her she needed a special time to be depressed, "You need to take at least ten to fifteen minutes a day and set it aside to be nervous and depressed. Get it all out of your way at once." Haley helped her to pick a time that seemed convenient – eight o'clock in the evening, just after the children were put to bed. She normally watched television and relaxed during that time, but now she was directed to go through the ordeal of being depressed. On those days when her children did not upset her and make her anxious and depressed she did not have to go through the ordeal of 15 minutes of depression in the evening. In this way she was encouraged to not become anxious around the children's negative behavior without being told how to do that.
Jay Haley, Ordeal Therapy

Milton Erickson, when asked what he thought was crucial to bringing about behavioral change replied that it was not sufficient to explain a problem. It was important to get the client to "do" something different in regards to the problem. Neither Haley nor Erickson believed that "insight" or attempts to bring about self awareness and understanding were critical to behavior change. No matter how much alcoholics, smokers and other addicts "understand" the whys and how of their behavior the behavior does not change until they do something different. Following the principle

that many people cannot think their way into a new way of behaving, however, they can behave their way into a new way of thinking. It is up to the therapist, then, to give directives that will cause a change of behavior, with or without, the client having insight.

Paradoxical techniques that rely on the element of control are numerous. A therapist could insist, as Zaslow did, that a behavior a child engaged in at home must be duplicated during therapy. If a child yells at home then the child must yell in front of the therapist. By watching the parent, who should always be present to avoid triangulation and manipulation, the therapist can see from a raised finger or a nod of the head, when the child has reached the intensity and volume reached at home. By watching parent indicators, the therapist knows when the tantrum being thrown in the office, is the equivalent of what the parent is seeing at home. Often it is difficult to stop a negative behavior before it has been controlled. The first step in taking control of a behavior is to have the child do it on the therapist or parents' terms.

Therapists have remarked that they cannot "make" a child do in the office what he does at home. There are several possible backup plans for gaining the child's cooperation. A small treat can always be used. The parent can take the child home and have the child go to his room until he chooses to do what is necessary to complete the therapeutic directive. How long the child remains in his room is entirely up to the child. As soon as he accomplishes the task he can come out. The parent can also make sure that the extra pleasures of life as the child knows it are no longer going to be freely given by the parent. The parent does not share elaborate meals with the stuck, defiant child. Rather a simple nutritious sandwich such as the all American peanut butter and jelly sandwich is served. (Children who remain stuck for longer then a few hours need their parents to shift gears. It is inappropriate for a child to remain in his room for longer then that. The child is clearly attempting to push the parent into feelings of being neglectful or abusive, thereby recreating the abuse and neglect they suffered elsewhere. Parents must not buy into or endorse this mind-set of the child. Further therapy, additional respite, other techniques must be used.) Additionally other privileges are revoked for the child choosing to remain in his room. The parents do not take the child to soccer practice, allow the child to watch TV, talk on the phone, or use the computer, etc, until the child capitulates and does what is expected on the parents' terms. If the child is unwilling to become cooperative then more is required to help the child overcome negative behaviors then paradoxical interventions. Remember the child is not being expected to do anything that he is not already doing on his own terms. It is not whether or not the child can do it. It is whether or not the child will do it on the parent's terms.

Therapy as "Ordeal"

Don Jackson, MD, in his forward to Haley's book, *Strategies of Psychotherapy*, wrote that there would be "cries of pain and outrage" from those who believe that "insight" is sufficient for behavior change and that it is inappropriate for a therapist to engage in such outright manipulation of clients through the use of paradoxical directives. Erickson, Haley, Madanes, Zaslow and numerous other therapists are among those who would join Jackson in arguing that the therapeutic process itself should be somewhat of an "ordeal" for the client. The point of entering into therapy is to eliminate or modify a negative behavior that is disruptive to relationships and prevents the creation of a contented, happy life. The goal of therapy is not to enter into a client-therapist focused relationship. The relationship with the therapist is only a way-station to accomplishment of the goal. When the therapist focuses on the relationship with

the client to the point where he pulls back from making the client uncomfortable by placing demands on the client then the process is curtailed and the goal is sabotaged. The therapist must require of the client a behavior that the client was not able to require of himself. In order to do that the therapist must occasionally make the client uncomfortable. The therapeutic process must sometimes be undesirable enough so the client makes the required changes if for no other reason then to get well enough so he no longer has to go to therapy! The therapist can insist the child make the faces made at home or call the therapist the same foul names the child uses at home, screaming the names with the same intensity. The child stops calling his parents names at home in order to avoid having to repeat the behavior in the therapist's office.

With children whose behavior is so negative that their placement in the home is compromised, the therapeutic relationship is established with the parents (assuming, of course, that the parents are healthy), not the child. It is the parents who know what behaviors the child is engaging in that are causing a serious breakdown in the parent-child relationship. It is those behaviors that the therapist must address first. It is therefore, not of critical importance that a friendly rapport be established with the child. The child needs to be confronted through paradoxical and other interventions, some of which the child may dislike or find difficult in order to achieve the greater good of maintaining the placement by quickly bringing about change. Obviously the child must never be harmed in the process. If a child's behaviors are so negative and controlling that a potentially dangerous situation has been created in the home the therapist does not have the luxury of taking months and months to establish a therapeutic rapport and then play or talk the child into insight and subsequent change. Erickson and Haley are adamant that the whole concept of "brief therapy" works because paradoxical and other "ordeal" type interventions bring about change quickly by expanding the comfort level of the client.

"Ordeals" are stressful, trying, troubling, and difficult and can make people uncomfortable. Using paradoxical techniques can often be perceived then as undesirable with no rationale. They can be misinterpreted as unloving. In the wrong hands any technique can be abusive. However, in the right hands, when the therapist has the best interests of the client in mind, the client will ultimately benefit. A therapeutic maxim is, "You can have short term gain (avoid the issue) and long term unhappiness(as the issue remains unresolved) or you can have short term discomfort (by confronting the behavior despite not wanting to) and long term gain (the negative behavior goes away)." With the use of paradoxical techniques the client is put in a position to experience short-term discomfort. However, the long-term gains are more secure relationships and fewer negative behaviors that interfere with happiness. To choose the short-term gain by avoiding discomfort in therapy and paradoxical techniques that would be helpful is to choose for the client a life of long-term emotional suffering, loneliness and pain.

Being a caring therapist is not about choosing for clients interventions that would be appreciated and liked. Being a caring therapist is about choosing for the client what works for the client and what is effective for the client. It is short sighted and narrow minded for therapists to use only those tools which they themselves would respond to. They don't behave like their clients; they are not in the relationship and behavioral difficulties their clients are in. How a healthy person responds to a therapeutic technique is not an indicator of how a "not healthy" person would respond to a technique. Being a professional therapist means the therapist must be skilled and adept at numerous approaches to bringing about healthy change.

Specific and Practical Paradoxical Techniques

Goody Pack of Sweetness and Light

Paradoxical directives, however, only work when the parent is truly comfortable with whatever the child chooses to do. This is very important to understand when deciding whether or not to implement the "Goody Pack of Sweetness and Light".

Many children with combinations and variations of obsessive-compulsive disorder, oppositional-defiant disorder, bipolar mood disorder, attachment disorder, sexual abuse issues, and post traumatic stress disorder use food and the control of food to soothe themselves. There is a marked tendency among this population of children to steal, sneak, hide, hoard and gorge food. Children with these diagnostic markers have, for a variety of reasons, chosen to not trust adults to take care of them and, as an alternative, choose, instead to engage in numerous self-parenting behaviors. Possession of food becomes for the child a skewed symbol of his ability to self-parent. The thinking is that if he can feed himself then he does not have to trust or depend on others, particularly his parents, to take care of him. Children know instinctively what many parents have overlooked, that is, to take in the food of another is to take in that person's care, concern and nurturing. Eating mother's cooking becomes a metaphor for internalizing her love. In order to avoid internalizing mother's love and forming an attachment to her that could lead to a dangerous dependency in the child's perception, the child must find another way to feed himself. Finding ways to avoid mother's love and still physically survive requires that the child steal, hide, hoard and gorge food on his terms.

According to Dr. Foster Cline, the three cardinal rules of winning control issues is to pick them very carefully, picking only those that can be won and then winning the ones selected at all costs. That means that any control issues involving smooth muscles must be avoided because they cannot be won. Eating involves smooth muscles and engaging in control battles that involve what a child eats, where he eats, how he eats, and when he eats will almost always be lost. The measures a family would have to take in order to win on food issues are so intrusive they are inappropriate. The child would have to be under 24 hour supervision by an adult interested in enforcing the rule, which means the child could not attend school. The pantry, cupboards and refrigerator at home would have to have locks put on them. At night the child would have to have an alarm on his bedroom door to prevent him from foraging secretly while everyone else slept. Implementing such plans becomes draconian. Instead of relaxing the child's need for self medicating with self procured food, the child becomes the opposite – hyper vigilant for opportunities to thwart the parents. People crave what they cannot have and denying food to a child who believes he needs more to survive can turn a side effect of lack of trust into an obsessive-compulsive disorder. Instead of the child learning to trust that his parents will provide for his needs the child becomes resentful and views the parents as withholding. In other words, the opposite psychological effects occur. The child learns to become more controlling, not less. The child learns to trust the parents less, not more. In short, any time a parent engages in a control issue over food, the parent will lose as the child has much more at stake.

How, then do parents win the food control issues? By engaging in a paradoxical directive.

The goal is to give the child five years of age and older the messages his mother is the source of goodness and light in his life. His mother wants what is best for him. She is not withholding, but rather is the soul of generosity. If it makes him feel better and happier then she wants it for him.

The paradoxical plan is to give the child a goody pack of whatever it is he steals, hoards, hides and gorges. If it is candy then the pack is filled with candy. If it is salt then the pack is filled with salty pretzels or crackers. Whatever it is the child is using to self-parent is what mother needs to put in the child's goody pack. The child then wears the goody pack around their waist whenever he is not at school. When he gets up it is by his bed. When he goes to school he puts it by the door so as soon as he gets home he can put it on. When he goes to bed it is next to him. The message from mother is, "I want you to have the good things in life. Every time you eat something out of your goody pack which I have lovingly placed in there for you, you are taking in my love." Whenever mother sees the child dip into his goody pack she can say, "Oh, good, you're taking in my love even when you are not close to me." When she refills the pack, which initially is very frequently, she says, "Looks like I am getting a lot of my love into you. Look at how much of my love you have gotten since the last time I filled your pack." Since the child with variations and mutations of these previously mentioned diagnoses is frequently rejecting of his mother the goody pack becomes a substitute presence of her in his life. He keeps it close in a way he would never allow his mother to be close. He takes in her love and nurturing on a subconscious, metaphorical level.

Alternatively, the parents can give the child a secure bug proof, mouse proof box in which she places numerous individually wrapped goodies. The child is allowed to hide the box in a place accessible only to himself

The messages from the parent could be: (Said lovingly.)
"I can love you exactly as you are. You do not need to change in any way for you to be loved by me. I love you, food cravings and all."

"I'm sorry the other kids are making fun of you. Don't worry about it because you still have me and I love you exactly as you are."

"When I'm down, I sometimes find that chocolate soothes me too. Some goodies will make us both feel better."

The immediate result is the child will frequently gorge on the candy or other goodie until he is sick of it. For some children this takes weeks or months, depending on how much he has internalized a sense of deprivation and how much he believes his mother truly wants him to eat the goodie. There is typically a weight gain. The child then begins to gradually self regulate his intake and his increasing growth in height absorbs the extra weight. The child learns that being given everything he thinks he wants in the quantity he wants it is not the path to happiness and he is still unfulfilled. The child also gloriously learns he can turn to his mother for comfort and support and she can be trusted to meet his needs and address his wants. When that occurs the child generally discards the pack and the family substitutes a bowl of munchies or fruit somewhere in the living area for the child to use when an extra measure of comfort is required. Most families learn that once the child is self regulating food intake, is no longer substituting

food for mother's love, and no longer needs to steal, sneak, hide, hoard and gorge food to feel better the family bowl of snacks can go months without replenishing.

An overriding principle is parents can choose short-term gain and long-term pain or short-term discomfort and long-term gain. The short-term gain in withholding food from a child who is obsessing about it is that for the present his weight is controlled and teeth are saved. The long-term pain however is the child continues to believe there is something outside of himself that when ingested will make him feel better. Children who grow up believing the source of feeling good and happiness lies outside of themselves are the same ones who turn to cigarettes, alcohol and then potentially harder and harder drugs to self medicate. The other long-term pain is that children learn their parents' words and directives are meaningless as they are not enforceable. Long term the teeth can be salvaged and the weight will be absorbed.

The short-term pain of giving a child what he thinks he wants is he will have bad teeth, probably gain a large amount of weight and his self esteem will suffer, particularly if other children start making fun of him. Parents who are seeking to establish trust tend to be more concerned about the holes in their child's heart, not the holes in their teeth. They tend to be more concerned about their child's relationship to them, and secondarily their child's relationship with the world. They know that the child's relationship to them will generalize to the world; however, the child's relationship to the world will not generalize back to them or to significant others in the child's future. Cavity riddled teeth and a portly body are much easier to correct and have far fewer long-term societal ramifications than the untrusting, untrustworthy adult. The potential for long-term gains however is huge. The child learns the world is a generous place to be, people are concerned about what he needs and wants, and he can turn to others for support and nurture.

The goody pack of sweetness and light will fail to change a child's view of his place in his mother's heart if mother subliminally sabotages its effects by not truly embracing the child eating candy all day long. If the child gets the message from his mother's face or demeanor that she is doing this because she has been told to but she really doesn't want him eating that much and is concerned about his weight gain then he will continue to eat the candy to undermine his mother. He will not stop eating the candy when he is full. He will instead eat the candy past his desire for it to prove to his mother that he has the power to hurt her and will hurt her even at his own expense. In other words, mother's attitude toward this technique will determine its effectiveness.

(There are certain times when this technique should not be used. Judicious care must be given to implementing this technique with a child who is diabetic. The long term potential for success is even greater for children with diabetes as the child learns that if he indulges in his food passion he could die. He learns that his safety, even his life, is in his own hands and he must learn to self regulate. For a child with the above diagnoses the sooner he takes control of his own safety the better. If he grows up believing it is up to others to protect him from his own excesses then he is not very safe once he leaves the home safety net where his parents have exercised external control over his diet to ensure his survival. If he grows up believing that his poor choices negatively affect others more then they negatively affect himself then he learns to make poor choices as a means of punishing others. Obviously, the short term risk for failure is also greater as the child could die. Therefore, great care, clear judgment, and multiple discussions with

various professionals need to be exercised before ever attempting this technique with a child with diabetes or other health condition which would contraindicate its usage.)

In *Troubled Transplants* Richard Delaney and Frank Kunstal suggest another paradoxical approach for children who act out their fear and mistrust of their parents through eating habits. They call it The "Unending Pizza" Strategy. They describe the need for it with clarity:

"One way children reflect their emotional disturbance is through disorders in patterns of eating. Some gorge, purge, refuse to eat and grapple in endless, self-destructive power struggles over sustenance. Others steal and hide food, play with their food for hours, or engage in such bizarre behaviors as eating out of the dog's dish. Such eating problems often relate to past family experiences and are later used for 'hidden purposes' within current relationships. For the disturbed child, eating provides an arena for playing out old disorders and demonstrates the child's lack of awareness of needs and historic discomfort at mealtime. As mealtimes can imply intimacy, some children do what they can to be removed form the unspoken demand for closeness. Children who have not had basic sustenance needs provided for distrust that they will be given what they need and perceive they must go 'underground' to meet their own needs. For some children eating provides the only satisfying way to meet twisted emotional needs. While some youngsters refuse to eat, others exert unbending control over what they will eat, when they will eat and with whom.

Parents and other caregivers attempt to handle eating problems through a variety of interventions
– mostly behavioral programs that reinforce or punish. Unfortunately, behavioristic attempts are often ineffective because of deeper issues concealed by the eating disturbance. For instance, eating 'misbehavior' may be a way in which the child exerts control over self as well as control over caregiving and nurturing relationships."

Kunstal and Delaney then describe a particular case in which 'Sally' refused to eat meals with the family while sneaking frozen pizza from the freezer in the garage. When it was discovered how she was sustaining herself it was decided that if the treatment team resisted her attempts to feed herself in this way she would become even more entrenched in the behavior. Instead they gave Sally what she thought she wanted, 'Unending Pizza'. She was happily fed pizza at every meal. The family continued to eat regular meals. By the end of six weeks Sally was asking for what the family was eating.

Kunstal and Delaney explained why this intervention worked:

"Why did this strategy work with Sally? Because it gave her total control, side-stepped her historic use of food as a battleground and allowed her-on her own terms and without a power struggle- to discover what her body needed and what she truly wanted……Note that in order to heighten the impact of this strategy the family needed to 'reluctantly' allow her to participate in regular meals. When Sally, after six weeks of pizza asked for a piece of pie for dessert, the foster mother did not gush with excitement, instead, she suggested that perhaps Sally had not had enough pizza and gave her another slice. Ironically, this forced Sally to demand what she wanted. 'No, I think I'll have some of that pie. I'm sick of pizza!'
The goals of this strategy were to free Sally from her historical battles that were now

maladaptive in the new home. It strove to illustrate and prove to her that the she can state needs and preferences to the parent with the expectation that the parent will listen and respond. Sally could then relinquish her stubborn tendency to control and permit a benevolent parent figure to be in charge. In short, she can allow herself to be parented."

The Puddle Protocols

Along the same lines is a technique called "The 'Puddle' Protocols." There are many reasons why an older child may choose to urinate on himself, the floor, the toy box, and/or anywhere except the toilet. Many children who have been sexually abused urinate on themselves as a means of making themselves unattractive to sexual perpetration. Other children may avoid using the toilet to establish that no one is in control of them or that they are angry (hence the term "pissed off"). However, once it has been established there is no physical reason why the child cannot control his enuresis and the indiscriminate urinating has other psychological drives behind it then it becomes an issue for the therapist and parent to address.

There are numerous psychological reasons why a child would choose to not use the toilet. These need to be addressed in therapy. The parents living with the behavior, in discussion with the therapist, need to decide whether or not to apply a parenting technique to curtail the offensive behavior. The treatment team must keep in mind the behavior carries a vital message to the world the child has a psychological need that is not being met. The child has developed the bad habit out of a defense mechanism and views the behavior as rational. Understanding the meaning of the nonverbal message of the child is important. If the child is indiscriminately urinating out of a need to be in control then control issues need to be addressed. If the child is indiscriminately urinating as a means of keeping a sexual predator away then safety issues need to be addressed. If the child is just plain mad then anger issues need to be addressed. Once those are dealt with in appropriate and meaningful ways then the behavior often will extinguish itself.

Rather then being a huge nuisance, then, the enuresis becomes a useful red flag indicating a psychological struggle on the part of the child. When the child has resolved it then the urinating will eliminate itself of its own accord and the parents and therapist will know the child has overcome whatever issue drove the behavior. If the behavior continues then it is clear that whatever is driving the behavior has not been adequately addressed. If the non-verbal message of the child is not dealt with and resolved then eliminating the inappropriate urination may force the child to find another way to communicate the same non-verbal message. For some children that may mean stopping the urination, which is disgusting though overall benign, and instead setting fires, hitting, and/or destroying property, behaviors which are not benign. Care must be taken, therefore, in the decision to actively address inappropriate urinating behaviors.

The therapeutic team must decide if the following technique is applicable to the child's situation. It is most often used effectively when the driving force behind the behavior is control or anger. It is inappropriate if the driving force is safety.

As in the application of other paradoxical directives the understanding is that control struggles must be avoided, and, once chosen, won. That means the issue must be selected very, very carefully. It also means that the environment must be set up in such a way that the parents are not attempting to control something over which they have no control. They can only take control of

things they can truly directly control. What they cannot control is where and when the child urinates. What they can control in this instance is what food they place in front of the child.

The parents then follow up by putting peas in everything the child eats at home. If the child picks them out and/or pushes the peas aside, an issue is not made of it, as the child cannot be forced to eat them. However, when melted into the top of a pizza, when included in a grilled cheese sandwich, when mashed into the jelly of a peanut butter sandwich, when stirred into the gravy, or when placed between the ice cream and the fudge sauce they become difficult to avoid without a great deal of effort.

The goal is not to force the child to eat the peas as parents cannot win on that. The goal for the child is to make him conscious of his decision to urinate outside of the toilet and continually consider whether or not he wants to make a different choice regarding that behavior. The goal for the child is to become thoughtful. The goal for mother is to joyfully accept what she cannot change and to get a different perspective on the behavior. When mother tells the child to do what he is going to do anyway she is back in charge. It cannot hurt as he is already urinating everywhere anyway. So at the worst nothing will change. It can possibly help. Either way mother is free to continue loving her child regardless of what he chooses to do. The child continues to handle the normal consequences of his urination, which is to wash out his own clothes and bedding, dresser drawers, toy box, etc and to take responsibility for cleaning up all his messes.

The paradoxical messages from mother are: (Lovingly without sarcasm.)
"Oh you have "pee'ed" in the corner. Good for you. Those peas are really helping. However, you can do better then that. You need to "pee" in every corner of the room to practice your skills."
"Honey, you only "pee'ed" in your pants once today. You will have to do better then that if you want to become a champion "pee'er".

The immediate response on the part of the child is generally one of being dumbfounded. The radical change from mom getting angry at the urinating to one of joy and encouragement is very confusing. Some children stop urinating everywhere almost immediately. Others take longer to change their mind on the behavior before quitting. Still others continue to engage in it. As with other paradoxical techniques when it works, it works beautifully. When it doesn't work then nothing is lost. The parents do not need to escalate it; rather after several weeks or a month of using the technique nothing has changed they might continue to give the child peas once a day or once a week, just to subconsciously remind him it is still an issue.

For kids that pee in their rooms- Sprinkle peas around the room at night or while the child is gone. When the child is awake or home you discover the peas, get a bowl to collect them and show your delight over the child growing peas by peeing. "I knew this would happen someday if you just peed enough peas were sure to grow." Make sure you have peas (clean ones please) that night for dinner. Those of us from the south especially like to use black-eyed peas.
99 Ways to Drive Your Child Sane by Brita St Claire

The Encopretic Double Bind
Foster Cline in, *Understanding and Treating the Difficult Child*, describes an effective technique

for a child with encopresis. The little boy messed his pants at least once a week. Though he became angry frequently at home and at school he was never able to verbalize that anger, choosing instead to say non-verbally, "Life is shitty." Cline interviewed John after he had been hit at school by a classmate. Instead of hitting back or responding verbally John soiled his pants.

Cline: Remember when you were teased by some boys, and that very afternoon what do you suppose happened?
John: I don't know
Cline: Well for sure, you don't. It's a tough thing to remember, but that afternoon my old nose had a real treat!
John: I made my pants dirty.
Cline: Of course you did! I think you thought, "Crap on those kids!" And know what, you did it! You impress me as a type of person who just doesn't always show it with his mouth when he is mad. You know what I mean?
John: (nods)
Cline: For sure! Now if you're mad this afternoon and you didn't say anything about it this morning—I mean if you were mad right now—what could you do without saying it?
John: I could mess in my pants.
Cline: For sure. What do you think you'll choose to do?
John: I don't know.
Cline: It's a tough decision to decide to show you are mad with your mouth. When will we find out whether you've decided to say "crap on it" with your mouth or with the other end?
John: Tomorrow, or the afternoon, I guess.
Cline: Right on, John. We'll see then.

Lying

The old adage of, "You can't push a river upstream," can be applied to lying. Parents cannot control lying. All they can control is whether or not they believe the child and how to impose an appropriate consequence. Several parenting techniques can be used with success. One is to predict for the child when he is going to lie and then give permission for him to do it. For many children lying is so habitual they lie before they even think about what else they could say. A parent can say, "I want to talk to you and I know you don't tend to tell the truth when I ask you questions. So, I want you to know I expect you to come up with a really good lie in answer to my question. Ready?" (Then ask the question) This accomplishes several things. One, it gives a child time to make a decision of whether to lie or not instead of letting the first words, which are usually lies, tumble thoughtlessly out of his mouth. Two, it removes lying from the control battle realm. Three, since the parent has given the child permission to lie, it doesn't make sense to get angry or upset about it. Just praise the child for a great whopper and go on with life. Or, if perchance the child happened to tell the truth, cover him with glory. Pop a piece of candy in his mouth so he connects telling the truth with sweet goodness. Remember, whenever a habit needs to be broken it requires that the brain be "rewired" around the new behavior. "Treats" accomplish that as well with children as with puppies.

Have fun with lying. For example, when you know a child habitually lies ask him if wants a bowl of ice cream. When he says, “Yes”, give him a bowl of cold cereal. When he asks what happened to the ice cream, happily remind him that since he always lies you never know what the truth is. When he said he wanted ice cream you knew he never told the truth so that must mean he doesn’t want ice cream. Since you didn’t know what he really wanted you just guessed and thought cold cereal would be OK.

Do not do this technique in public where there would be the unfortunate side effect of humiliating the child. It should be done sparingly not ad nauseum. If a technique is going to create thoughtfulness it will do so quickly. It does not need to be escalated beyond its usefulness as then resentment in both the child and the parent can result.

Parents can look for other ways to confound the child’s thinking about the value of his lying. One way is to lie to the child. The child asks to go to the movies and the parent says, “Yes”. Later, the parent does not take the child to the movies and when the child asks why the parent lightly says, “Oh, I thought the truth didn’t matter. It was easier to tell you yes at the time, but I really didn’t mean it. I thought that was how you wanted us to talk to each other in this family. Are you telling me it is important for me to tell the truth, but it is not important for you to tell the truth? Is that right?” Again, this technique must be used sparingly! Once or twice is enough for the child to get the message.

Other paradoxical interventions regarding lying could be used under the guise of games. Both of the following games, to be played at home, (Not during therapy!) require several participants, mostly children. The first game is begun by getting everyone in a circle. There is a large beach ball that is tossed amongst the players while the music plays and the participants walk around in a circle. When the music stops the person holding the ball must go to the middle where someone who already knows the truthful answer asks him a question. The first thing the person in the middle must do is state whether he will answer the question with the truth or with a lie. Then he answers the question. If he says he will lie and he does lie then he continues in the game. If he says he will tell the truth and he does answer truthfully then he continues in the game. He is only eliminated if he lies when he said he would tell the truth or tells the truth when he said he would lie. The price of remaining in the game is to tell the truth, even if it means telling the truth about lying. Sample questions might be, “Did you make your bed this morning without being asked.” “What grade did you get on your last spelling test?” “What is in your pocket?”

Another game involves a deck of cards and poker chips. Remove all of the face cards and place the deck face down in the middle. Distribute the poker chips. They each have a value of one. Play begins by the first person drawing a card and not showing it to anyone else. If the card is an even card the player must say something that is the truth. If the card is an odd card then the player must say something that is a lie. It must be something that is verifiable. For example, “I have put all of my toys away in my room.” “I brushed my teeth this morning.” There is a wad of tissue in my pocket.” The rest of the players take turns stating whether he is telling the truth or lying. The player then faces the card face up. If the other player guesses right then the player holding the card gives him a chip because he did not fool him. If the other player guesses wrong then the player holding the card gets a chip from him. The point is to make the act of lying overt and put the players in the position of being expected to both lie and tell the truth convincingly,

depending on what the card dictates. There are times when they must choose to tell the truth and other times when they must lie in order to win the game.

The point for both games is that you cannot stop a behavior until you have found a way to control it.

Other Paradoxical Examples:
Children who steal have been effectively paradoxed by telling the child to steal. Each day the parent hides some small item that the child finds appealing around the house while the child is in school. The directive when he gets home is to then find the item without being seen. If he is caught "stealing" the item then the parents pizzazz him with chasing, running through the house, catching him and couple of tickles while 'arresting' him. If he is not caught he is ignored. The goal is to provide a high fun arousal for getting caught while giving no attention to being successful. Since children tend to repeat those behaviors which get the most attention the child discovers he will get the most fun times if he is caught. In order to be caught the sneakiness must diminish and the stealing behavior must become more overt. "We are as sick as our secrets" is a therapeutic maxim that applies. Once the stealing is out in the open it diminishes.

In her book, *Children Who Shock and Surprise*, Elizabeth Randolph, Ph.D. describes how a parent can say, "I'm going to ask you to clean your room and I'd like you to either agree to do it, argue with me about it, ignore me, say something rude to me, throw a tantrum or…….. Any of those responses will be fine with me." If the child responds with a 'dumb look', which is usually the case the first time the parent tells him to do what he is going to do anyway, the parent says, "Great dumb look. Thanks. I love it when you do it my way!" The child will often then say something rude or argumentative. The parents can then get even more excited because of the high level of cooperation the child is exhibiting. As the child escalates the parents continue their appreciation. Naturally a parent can only tell a child to do something if it is truly acceptable for the parent if the child makes that choice. If the parent will not tolerate foul language then the child cannot told be to engage in it, however, the child will then know that that is a button which can be pushed at will and will do so at every opportunity. It is generally better for parents to hide their triggers so the child does not go for them. One way to hide hot buttons is for the parent to direct the child to do what is offensive to the parent until the parent gets over it.

Many children use negative behaviors as a means to push their parents away and to avoid engaging in a meaningful relationship. One way to double bind a child who is sabotaging the relationship this way is to bring the child close in with fun times instead of consequencing. Hand feeding a child who has just screamed obscenities at mother a bowl of ice cream can throw the child's resistance to nurturing totally off guard. Different things can be said: "Someone must have hurt you very badly that you learned to say such things," or "You are lucky you have such an awesome mom that I can love you even when you don't love me." The paradox is that just when the child is desperately trying to push mother away she is using it as an opportunity to come close.

Dan Hughes in his book, *Facilitating Developmental Attachment,* details a variety of paradoxical responses to screaming:

"Praise the quality of the child's screams and encourage him to improve the quality even further by varying the pitch, loudness and so forth.

Recognize the child's need to scream and insist that he gratify that need for 5 minutes every day.

Audiotape the screaming to present to the therapist. Replay audio of screaming when child is playing.

Suggest that the screaming lacks some quality so that the child needs to practice it three times a day and then chart his progress.

Reward excellent screaming with a cookie."

Another possibility would be to audio tape the screaming and then tell the child when he is not up to doing the screaming, since he loves the sound of it, he can just listen to the tape. Then play it for him.

Hughes tells children who are destructive that their parents will take them to garage sales and will allow them to use their allowance to purchase toys. Those toys must then be destroyed every Saturday between 10 and 11 am. This technique is an excellent example of the clear understanding that before a child's behavior can be changed, it must be controlled. In order to control it the parent must take the negative behavior and tell the child when and where and how it will be engaged in. Once it is redirected and under parental control there is a greater opportunity for it to be stopped. This particular intervention is not intended to be a release of anger. Using physical aggression such as punching a pillow has been shown to increase aggression and physical acting out, not reduce it! These techniques are to double bind the child and make their covert destructive behavior overt.

A parental directive around grades and school work might be to tell the child you are glad they are failing in school as that means they are not working there so they have more time and energy for chores at home. The parent can tell a child with poor hygiene to continue to remain dirty as that means you don't have to buy them a movie ticket when the family goes out as they clearly do not want to be around the family if they are smelling that way. Make it clear that having the child dirty saves the family money.

Nancy Thomas describes another paradoxical technique she has effectively used. Children who are self destructive, pick at scabs, pull out their hair, etc, often get pleasure out of their parent's continual attention to the matter. The child's internal response is, "No point in both of us worrying about this. If mom is worried and upset then I don't have to be." They then continue to be self destructive knowing it is of greater concern to the parents then to themselves. Thomas suggests that one way to avoid this down ward spiral is to send the child to his room every day for 15 minutes to "practice his hobby". If he goes to his room and picks at his scabs, masturbates, or whatever, great. If he goes to his room and does not engage in them, that is OK as well. Either way it is not the parent's issue.

The use of paradoxical directives and "ordeals" is limited only by the parent's and therapist's imagination and many more can be used then could be described here. Jay Haley, however, makes an important point.

"Ordeals, whether in life as a happenstance or in therapy on purpose, do not in themselves have positive effects. Only when ordeals are used with skill are the effects positive. To use a knife correctly in surgery is rather different from accidentally slashing here and there with a knife while stumbling through an operating room."
Jay Haley, *Ordeal Therapy*

One Liners as Double Binds
One liners are not put downs. Nor should they be said in an angry or sarcastic tone of voice. Anything said to a child in anger or sarcasm loses all ability to affect change as the child hears the tone of voice and not the thoughts and caring love behind the words. They need to be said with humor, eye contact and a smile. The Love and Logic materials by Foster Cline MD and Jim Fay Ph.D. include these:

It wouldn't work for me to talk so nasty to my friends. I wouldn't have any friends if I did that. However, try it out and see if it works for you.

It sure is smart of you to try this stealing stuff now and see what happens. If you wait until you are older to try it out you're liable to end up in jail.

Funny choice.

Don't worry. Fourth grade will be offered again next year.

The nice thing about this report card is that it is yours.

Have you ever wondered whether or not your brother will hate you when you grow up?

Nice try.

Sad for you, but I still love you.

What do you think I think?

Interesting thought.

I'll love you wherever you live.

Bummer.

Hope it works out for you.

I never would have thought to do that. Hope it works out.

Paradoxical Techniques as Loving

Once parents have tried everything that makes sense in order to change a behavior and the behavior persists then it becomes necessary to look at interventions that do not make sense. It requires stepping back and looking at grim problems in a game like or playful way. Children behave the way they behave because they think the way they think. Parents and therapists need to make every attempt to get into the brain of a child who does not think at all the way they think and so behaves radically differently then would be expected. Consequences and interventions that would work for the parents, therapist and other trusting, cooperative children have no meaning to the disturbed child.

An examination of theological concepts throughout the eastern and western religious spectrums is that "misfortune is part of enlightenment." Not only do many religions emphasize that accepting suffering is beneficial, many prescribe specific ordeals such as fasting, rigorous prayer rituals and "turning the other cheek" to create both an intellectual acceptance as well as emotional and behavioral acceptance of the belief system.

Getting out of control battles which cannot be won and reframing them, twisting them, so mother is back in charge is key to enabling the child to continue to live at home in a good way. Anytime a child is in control of the home and the home environment then the parents have lost their leadership. When parents lose their authority in the home then it is no longer safe. Getting control back in fun-loving, light hearted ways is generally more effective then being heavy-handed. Key is that the child must see that whatever he chooses to do his mother will still love him. Words must, therefore, be spoken with love and joy, not sarcastically or bitter. Sarcasm loses all ability to cause thoughtfulness or change in the child as it takes the focus away from the child's behavior and puts it instead on mother's tone of voice. Double binds and other paradoxical techniques work only when they are carried out with a great deal of support and friendliness, ideally ending with reciprocal eye contact and smiles.

The Elements of Prediction and Permission as well as the numerous paradoxical interventions have the potential to stop numerous power struggles from erupting. Control issues, which the parents cannot win and should therefore, not engage in. In the place of the previous power struggles there is the potential for a love and acceptance of the child for the mother and the mother for the child that had before been impossible to achieve. And, just possibly, somewhere along the way, the child's behavior may change. Before that can occur, however, the child must know that he is loved, unequivocally, for exactly who he is, as he is. Knowing he is loved and does not have to do or be anything different than he is gives the child the freedom to make the changes he knows he needs to make in order to live in the world. And that, in itself, is paradoxical.

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