Parents find it difficult to not use consequences as a tool for detouring negative behavior in their children. This paper will discuss a new alternative to parenting and behavior modification with expanded emphasis on why parent formulated consequences are not an effective tool for short term altering of behavior demonstrated by children and ultimately not effective for long term developmental change.

“Natural” Consequences versus Parent Formulated Consequences

A number of leading mental health professionals in the field today, as well as in the past, have advocated for the child to take responsibility for his actions. This has implied that if the child does not take responsibility there will be a resultant consequence. Indeed this is perhaps the most commonly recommended course of action for parents to take in working to overcome their child’s problem behavior. This is most commonly mislabeled as a “natural” consequence, wherein upon making a mistake or the wrong choice, the child is faced with the parent-imposed consequence. While natural consequences do exist, a closer look at what determines a natural consequence needs to be taken.

Natural consequences are a part of experiential life for everyone. The form of consequences advocated by mental health professionals are not at all natural but in fact parent formulated consequences. The parent is instructed to engineer a consequence for the demonstrated behavior that in turn is to become a learning experience for the child in order to detour future negative behavior. However, true natural consequences are not engineered; they occur whether we like it or not. If we miss work as adults, we do not get paid. If a child trips while running, the natural consequence to the running is to fall. If the electric bill doesn’t get paid, it gets turned off. These are real life natural consequences. Natural consequences are not engineered by others; they are a naturally occurring part of life.

The difference between a natural consequence and a parent formulated consequences is that one is natural and the other is not. Parent formulated consequences attempt to teach a child a lesson he is generally unequipped to handle and will seldom understand. The parent’s first response is that of, “If I don’t teach them consequences, how will they learn?” What we fail to understand is
that in our obsession to teach our children consequences and responsibility, we are also failing to teach them genuine empathy, responsibility, and obedience.

One commonly recommended approach by mental health professionals to parents to help overcome a child that seems unwilling to think, answer, or verbalize the appropriate response by continually saying, “I don’t know,” is to give jumping jacks as a consequence. In this example, a very insensitive interaction is occurring. First, the parent has determined that this child willingly is not responding or answering the question asked. In other words, this child has full conscious ability to answer when spoken to. This is a common misconception. Findings from the field of neuroscience have quite clearly been able to demonstrate that during times of overwhelming stress, the normal cognitive functioning aspects of the brain become overwhelmed by the hormonal stress outpourings created in the brain. In this capacity, the emotional neurophysiological response far exceeds the ability for cognitive-rational decision making and processing. In this manner, when a child with a history of trauma is exposed with the threatening situation of having to respond to a question, she may become overwhelmed with her own neurophysiological stress response. Therefore, she is “literally” rendered unable to answer in the “appropriate” manner. Hence, the response, “I don’t know.”

During a moment when a child does not respond, we must begin to understand that he is not making a conscious choice not to respond, but rather that his brain is unable to respond. His brain is blocked. This behavior is a direct neurophysiological stress response, a response at the body level that is preventing an appropriate logical response. Therefore, to force the child to do jumping jacks to “get the blood to his brain” is to ignore and neglect not only the emotional presence of the child, but more importantly the stress being demonstrated.

We have been led to believe that children that have suffered trauma and generally have been labeled as reactive attachment disorder (RAD) are inherently difficult children without a conscience or empathetic development for others. How is a child, made to do jumping jacks because of not being able to answer appropriately, expected to develop any degree of empathy for others? He cannot; it is physiologically impossible. The very eloquent Stephen Covey stated, “Unexpressed feelings never die. They are buried alive and come back later in ugly ways.” In other words, the battle is won at the expense of the war! The battle being the often repeated and varying behavior and the war of course is the stress.

Once while giving a lecture to a group of adoptive parents, I was challenged with this notion of jumping jacks. One parent continued to press the issue, stating that jumping jacks was an extremely effective tool with her child and actually became quite defensive about this technique. As I listened to her testimony, I realized that in order for her to understand the negative aspects of this technique, she would have to get in touch with how scared she was about loosing control of her child. I felt the fear streaming off of her and I became painfully aware of how such techniques were interfering with her ability to develop a meaningful relationship with her child. In realizing this, I acknowledged to her verbally that she had a technique that was working yet encouraged her to see that it was precisely these times that she could begin to help her child from an emotional aspect. I suggested that for now, she continue using this technique, only that next time she join her child in the jumping jacks. Yes, that next time she do jumping jacks with him,
talking to him and saying, “Jumping jacks seem to help you calm down and this time I want to be here with you. I want to be with you when you’re upset so you and I can begin working through difficult times together.”

As you read through this article and find yourself being challenged as this mother was, remember that switching your paradigm completely may be too much at first. Look for opportunities to join your child. Look for opportunities to build your relationship. Look for opportunities to reduce the stress in your home. Eventually the old fear-based techniques won’t be necessary anymore.

Understanding The Stress Model

Family-Centered Regulatory Parenting is a model of parenting based on The Stress Model theory of behavior that attempts to explain the underlying causes of behavior in children. In order to thoroughly explain this new alternative to parenting and why parent formulated consequences are not effective, a theoretical foundation for The Stress Model must be presented initially.

The Stress Model states, “All behavior stems from a neurophysiological state of stress (dysregulation) and in between stress and behavior there lies the presence of a primary emotion. It is through the expression of emotions that we gain access into both behavior and stress. Through emphasis on the effective expression of emotions, parents can foster the environment necessary to calm or regulate the neurophysiological state of stress and diminish the demonstrated behavior.”

What we must understand is that it is our early socio-emotional environment and interaction with significant caregivers that establishes our future self-regulatory capacities. Regulatory capacities are our ability to successfully navigate emotional states such as anger, sadness, fear, or hurt, and furthermore, our ability to establish and maintain relationships. This is done through the successful maintenance of stress within a safe operating range. For example, the race car driver who becomes angry in the midst of a race because he has been cut off by a lead driver causing him to miss an opportunity to take first place, becomes overwhelmed with anger, stomps on the gas pedal and rams the lead car out of the way. However, through successful emotional regulation, this time the driver maintains his focused emotional state and waits for the next opportunity to take the lead while being fully aware that the lead driver may once again attempt to cut him off.
Vital interaction with caregivers, combined with the nurturing environment primarily from conception to age 33 months, directs the developing system in a child is directed effective self-regulation. For instance, in the classroom setting, the kindergarten student embarking on his first school/social learning experience is directed through his experience primarily through the teacher and secondarily, by the students of which he will interact. If the teacher is incompetent, demonstrates little concern for the education of the students, and lacks control of the classroom environment, the student will fail to meet his educational needs. To the point of this paper, if a child is the recipient of inconsistent and ineffective care, i.e. unmet needs, provided by the parent, the child will not develop the necessary skills for effective emotional regulation.

Fundamentally, The Stress Model assumes that a child exposed to chronic ineffective care from a primary caregiver is also the direct recipient of ineffective teaching of the regulatory system. A child who received inadequate care is essentially a child whose regulatory system is compromised. Ineffective parenting, with minimal ability to provide the necessary parental ingredients such as attention, affection, and attunement, is generally due to a parent who is overwhelmed with his/her own chronic state of stress. For example, the drug-exposed infant is the recipient of exposure due to the mother’s attempt to alleviate her dysregulation via drug consumption. It is not the intent of the mother to damage the developing fetus but rather her attempt to deal with the stress in her own physiological system. The abused wife’s lack of concern for the proper care of her children is not intentional, it is her chronic state of stress induced fear and depression related to the looming threat of the abusive husband returning for yet another violent episode. With the stress of this constant threat the mother is rendered near helpless in consistently meeting the needs of her own children because she lacks the internal state to function successfully and lovingly.

Emotional Experiences and Behaviors

For the child who has suffered a history of trauma, he has not been given the opportunity to develop the necessary regulatory tools for navigating the emotional states which subsequently lead to the problem behaviors demonstrated. As stated earlier, it is the environment of attention, affection, and attunement that leads to a positive regulatory learning experience for the child. In other words, it is the environment with well regulated and modulated stress occurrences that will communicate to the child the lessons for his own future emotional navigating abilities. The number of factors contributing to exposure to chronic stress is too immense to list. Each individual brain responds and reacts to trauma and stress in a different way; however, common causes to chronic stress are abuse, exposure to drugs, neglect, abandonment, inconsistent care, adoption, frequent foster placements, or any other highly stressful event as common as birth trauma, an automobile accident, or loss of a parent figure. In this regard, the exposure to chronic stress does not allow one the capacity to develop effective regulatory processes. Generally, as stated previously, this occurs during the first 33 months of life and has become an engrained and firmly established pattern in the child’s regulatory system. Rather than having assimilated positive learning experiences, the child has assimilated negative experiences. Therefore, in later social and emotional interactions such as with the toddler, the actions demonstrated are negative rather than positive, all stemming from experiences of the past, not “choices” made in the present.
Making the Necessary Connection

The two areas of significance we have failed to understand until recently concern the connection between the neurophysiological (brain/body) system and its interaction with the rational/cognitive (psychological) functioning of the brain. We need to understand how this interplay ultimately leads to the brain/body system having more impact on behavioral outcome. The two control systems in the brain, the left and right hemisphere, though connected, are responsible for two very different duties. The left-brain is our center for rational/cognitive processing and functioning; our right brain controls our social and emotional functioning. In other words, the regulatory capacities demonstrated by a child are not engrained patterns set in stone from which he is able to make fully rational and cognitive decisions. Though the two sides work in conjunction with one another, it is ultimately the right brain, which determines the manner in which the left-brain will act. For example, in a state of fear, a student generally very capable at answering a mathematics question will blunder the question due to the presence of dysregulation from the right brain. Or, in times of extreme anger and shame, the bullied teen goes on a shooting spree killing twelve students in a school and then turning the gun on himself. In this example there is no healthy rational/cognitive process at work but rather a reaction based on the stressed communication of the right brain. In the presence of stress, the failure to effectively navigate emotions leads to minimal ability to navigate cognitively or rationally.

Contrary to the adult, the child will continue to demonstrate an immature regulatory state throughout his development. It is the constant interaction with the primary caregiver and the nurturing environment that leads to a successful outcome for self-regulatory ability. In further investigation and recent findings it has been demonstrated that the right brain control system responsible for effective self-regulation is also an area of the brain which remains open to change throughout the lifespan. However, in order to effect the change, the key ailment, stress or dysregulation, must be alleviated.

Therefore, when The Stress Model states that all behavior stems from stress; the use of consequences is not an effective tool for short term altering of behavior and long term development; it is essentially reiterating the fact that children, primarily children of trauma, are reacting from a neurophysiological state in which they only have the power to demonstrate the most minimal degree of control imaginable. If a child is behaving inappropriately, he is not merely behaving inappropriately but rather is behaving out of a state of neurophysiological upset or stress. In order for parenting interventions to be effective for long term developmental change and immediate behavior alteration, the parent must approach the behavior from the perspective of The Stress Model in that the emotions must be expressed in order to calm the stress and diminish the behavior. Thus, giving consequences for behavior is merely consequencing or controlling behavior and is not addressing the underlying developmental ailment or cause of the behavior. In many ways this alternative approach is a preventive approach because it is working to create the necessary environment for the emotional regulation of stress, setting the neurophysiological stage to correct what the child’s regulatory system has learned and experienced.
Stress Model in Action

Enough with the scientific evidence and theoretical talk. Are you ready to see how this actually works to help a child who constantly lies, steals, hoards, or all of the above? The following examples are taken from Beyond Consequences, Logic, and Control and are true testimonies from parents implementing The Stress Model into their daily lives.

**Sam (6-years-old)**
Going to the grocery store with Sam is never my most enjoyable thing to do. It seems that we can be having a great day until we get to the grocery store. It usually takes about five minutes before all hell breaks loose. I feel my anxiety rising just with the thought of it. Sometimes I break out into a cold sweat and my stomach churns as butterflies fly around wildly making me want to run. As soon as Sam asks for something and I get ready to give him the dreaded, ‘No’ I know it’s on the way. His outburst, followed by a resistance to continue down the aisle, and then generally the harsh words, most always spoken very loudly. But, that’s not the worst of it. The worst of it is the stares I get from other parents which say, ‘You’re a terrible mom,’ ‘Spank that child’s little butt,’ and ‘If that were my child, he certainly wouldn’t be talking to me like that!’ It seems as though I’m alone and nobody understands.

*After making the paradigm shift and listening to the behavior...*

I couldn’t believe it would be that simple. Before going to the grocery store, I sat down with Sam and said, “Sam, I love you with all of my heart, but going shopping scares me to death. I feel really scared when we go to the store and I feel like you get really scared also. Today when we go to the store, I am going to put you inside the basket so I can keep you safe and I’ll feel safe as well. It is also important that you know my love for you is never ending and just because I will not be buying you anything today does not mean that I don’t love you. In fact, the things I will be buying you, you won’t even realize are for you, but when we get back home this evening, I will show you. Also Sam, I expect you to ask for things because that is normal for you. Understand that I will say no today, but that does not mean no forever. Do you understand?” We went to the store and Sam asked but did not receive. I felt completely calm in saying no. He even got upset twice and started to yell, but I just stood by him calmly and said, “Hey, I don’t blame you for getting mad. I’d get mad also, but remember, today is not forever.” Honestly, it was one of the best shopping trips we’ve ever taken.

**Mark (16-years-old)**
One day I was cleaning my son’s room and found thirty empty soda cans in his laundry basket, ten more soda cans in his drawers, and another ten or more cans under his bed. Down to the refrigerator in the garage I go, only to find that all
the soda that was kept cold there for the entire family was gone—every single can was gone!

I breathe, reflect, and begin my attempt to relate. With every ounce of me, I attempt to relate as he looks right at me, swears he did not drink that soda and insists that someone else must of put those cans there to set him up. He begins cussing, screaming, and threatening. So, I sit down, way down, on the ground where he is towering over me. I am scared. I don’t know what to do in that moment, but I trust in my process, and I reflect on the situation. I realize how disrespected I feel by him. I realize that I am feeling what I think is anger about him not being grateful enough. I decide to put my stuff in a can, put a lid on it and put it away and to go back to relating to him-- right then and there. I work really hard to be fully present with him, to be mindful of all that he is and where he has come from. I force myself to picture this huge young man as a crying baby with no one there to meet his needs or to feed him. I ask him, “How much soda do you need to feel fulfilled? Can I take you shopping right now, just you and me, buy as many cases you need and you can stack them in your room and you can have them all to yourself.” I am trying so hard to be regulated, to be mindful, and to relate to his pain.

He stops and for the first time in the five or more years that I have known him, he sits down with me and tells me the story. The story is of bottles filled with nothing but soda, which he learned to fill by himself by the time he was two years old while living by himself for days at a time. His mom had a lot of soda as he remembers and that was all he had during these days alone. He told me when he is sad now, he wants soda. I asked him if he had been sad so much of the time with us and he broke my heart (which I put back up on the shelf) when he told me, “Yes.”

Conclusion

Ultimately it is the regulatory ability that leads to our success as individuals in society. Unfortunately, many parents themselves lack the mature regulatory system to be effective regulatory teachers to their children. The parents therefore seek professional help and the professional often times enhances the state of dysregulation by being child behavior-centered. When this occurs, the child is often blamed, labeled, and the behavior given repeated consequences, in worse case scenarios, the behavior is medicated or the child begins to act out to such a degree that he is placed in residential treatment. As long as there is not a parent willing to take the responsibility to communicate the necessary regulatory lessons, the child will not develop the necessary effective regulatory skills. It is when we are able to go beyond consequences, logic, and control, that we can truly understand what is driving a child’s behaviors, and thus, truly be able to help a child find his road to healing through the parent/child relationship.
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