Behavior problems are when kids are disobedient, defiant, disrespectful, destructive, or aggressive, or when they cheat, steal or lie a lot. Some problem behavior is common in children of all ages, although the types of behaviors are different in toddlers, school-aged or adolescent children. During childhood and adolescence, children are learning what the rules and expectations are for getting along in the world. Some children learn and adapt quickly, whereas others test the limits and are challenging.

Behaviors become a problem when they are negative and happen a lot, get worse over time, do not respond to efforts to teach better behavior or interfere with children’s ability to engage in normal activities in the family, at school, with peers or in the community. When behavior problems keep on going they take a toll on caregivers and teachers, can disrupt family functioning for all members, and create problems for other people. When behaviors become really serious, they can endanger others or lead to trouble with the law, particularly for older children.

Almost all behavior is caused by an interaction between children and their environment. Humans learn by testing out different behaviors and finding out what happens—what do people do, or not do, in response? It is normal for children to want to get what they want immediately and normal for children to want to avoid unwanted situations or consequences. However, part of growing up is learning to be patient, ask nicely, share, and handle frustration or disappointment without making a huge fuss or being destructive. Children must also learn to separate from caregivers, take on age appropriate responsibilities, and consider other people’s feelings and wishes. These are the normal tasks of child development. The key teachers are caregivers and teachers, and it is NOT always easy!

Children sometimes learn lessons that we don’t want them to. For example, almost all caregivers have had the experience of young children whining or throwing temper tantrums to get attention or something they want at home or at a store. And almost all caregivers have the experience of children dawdling, delaying or not doing what they are told because they don’t want to stop an activity such as watching TV or talking on the phone. If children’s behavior (e.g., tantrum, yelling) “works,” meaning they get what they want (or get out of doing what they do not want to do) children will keep using the behavior, hoping it will “work” again.

There is an explanation for this pattern of behavior. The basic rule is that all behavior has a function or purpose. Behavior is intended to get something children want or get out of something children do not want. Children might want attention, power over their situation, or specific rewards (e.g., allowance, privileges). They might want to get out of chores, doing homework, or trouble. This rule is not just true for children, it is true for everyone. People go to work to get something such as a pay check and self esteem; people don’t answer the phone or sometimes tell small lies to avoid being hassled or hurting someone’s feelings.

Sometimes it is hard to understand what the function of a behavior really is. For example, negative behaviors such as whining, pleading, temper tantrums, picking a fight, slamming doors, and even yelling or throwing objects are ways of getting attention. Even though the attention is negative, it is still attention, which is something children crave especially if they are not good at getting positive attention. When there are a lot of negative behaviors, often negative behavior is the only way children can get attention because caregivers and others are so frustrated.

Some behaviors are really upsetting even though it is fairly easy to see what the function is. For example, aggression is a way to get others to give in or go along through intimidation. Sometimes children see adults doing this and they copy what they see “working”. Another really difficult behavior is lying. Lying either gets children something wanted (“I already did my homework”) or gets children out of something unwanted, like consequences for misbehavior (“I didn’t take the money”). Caregivers are often especially upset about or bothered by lying. Most caregivers teach children that even if they make a mistake it is better to take responsibility than lie, but children may operate in the moment and just want what they want, or want to get out of punishment.

The reason that behavior problems persist is because they are “working.” The key to changing behavior problems is changing reactions to the behavior so it doesn’t “work” anymore. This can be really hard once a negative behavior has become a habit in children. But behavior that doesn’t "work" will eventually stop.
The good news is that there are effective programs to help with behavior problems. The vast majority of children with behavior problems can be taught to behave respectfully and follow reasonable rules and expectations. Caregivers are the main people in charge of change because they are the ones who live with children and can change whether a behavior “works” or does not work in the environment.

Effective treatment for behavior problems involves the therapist acting as a consultant and coach to caregivers to help them come up with new ways to respond to children’s negative behaviors so that the negative behavior does not “work” anymore. Treatment begins with caregivers and therapists identifying behaviors of concern, figuring out what the function of the behavior is and how these behaviors are “working” for children, and then monitoring or tracking them to find out how often and under what circumstances they happen. With younger children, it is often not even necessary for them to attend the treatment; older children may need to attend to learn new skills themselves or to work out conflicts between them and parents.

By the time caregivers take their children to treatment, they are usually frustrated and upset with the children and family relationships have gotten negative. Unfortunately, negativity just keeps negative behavior going. Even though it may be really hard to do, putting family relationships back in balance will mean finding some positives in children and reinforcing every positive behavior, even little ones so the positive behaviors will happen more (e.g., “work” for children). Sometimes, caregivers have to “fake it ’til they make it,” meaning praise or acknowledge the positives even when they are still upset with the children. Another task for caregivers is learning some skills for handling the negative emotions that are natural when children are acting up or being bad. There are many ways to lower anger and frustration in the moment, but it is still hard to do. Children’s behavior CAN change—but it takes work and investment on the caregiver’s part.

Effective treatment always means learning new skills to use with children’s misbehavior. The only way to learn these new skills is to practice and try them out. The therapist’s job is to help caregivers rehearse in session and practice in between sessions. Remember, it may take a few tries for children’s behavior to improve; at first, children who are used to getting what they want or getting out of something they don’t want will test to see if their old behavior still works. When children test the limits—this is often means change is starting to happen. Practice, persistence and consistency will eventually work!

The key strategies for changing children’s negative behaviors are:

1. **Positive one-on-one time**: For little children, 5 minutes a day, for older children 10-20 minutes a few times a week. Caregivers just spend time just following children’s lead in playing or hanging out, doing a fun activity. No questions! No instructing or teaching! No correcting! Just be there and enjoy. This is a very important step because when there is more positivity between children and caregivers, children start wanting to be good.

2. **Praise/acknowledgement**: When children are doing anything positive, let them know! Praise/acknowledgement needs to be specific and immediate. And with no conditions (e.g., “but an A would be even better”, or “why don’t you always”). “Wow, you are doing such a great job putting your toys away”, “Thank you so much for getting up and getting out to the bus on time today, I really appreciate it”. Or caregivers can give a thumbs up, high five, nod, shoulder squeeze, wink or other sign of approval. Catch them being good and notice and praise, praise, praise. Here is where “fake it ’til you make it” comes in; it is not easy at first.

3. **Ignore annoying but not dangerous behavior** (e.g., whining, begging, tantrums, eye rolling, attitude, etc): A lot of irritating, obnoxious behavior is to get attention. Don’t take the bait. Ignore even if it is hard. It might increase in the beginning because it has worked before. The behavior will eventually stop once it doesn’t “work.”

4. **Rewards & Incentives**: Figure out what motivates children. All caregivers do things for their children, many are beyond meeting basic needs; they give them stuff, privileges, time together. Figure out what children want and make getting it based on doing the positive behaviors.

5. **Consequences: Time Out and withdrawing privileges**: Set expectations, praise/reward the specific behaviors that are targeted. But, when children do not follow the expectations there need to be consequences. Time-out is for younger children and it means time out from attention. It can be hard to do, get therapist help with making a plan for time out or for removing privileges.

Keep in mind:
Treatment for behavior problems mainly involves parents/caregivers. There is no effective individual therapy for child behavior problems. The job of therapists is to be consultant and coach to caregivers.