

O N E

“Why Doesn't My Bright Kid Seem to Care about Anything?”

“Excuse my language” was the first thing Bradley's father, Don, said to me when I asked him and his wife, Sandra, how I could be helpful.

“We came here to see you because Bradley doesn't give a crap about anything. He's not making it in school. But forget about school. Forget about passing ninth grade. The kid's flunking life. I don't care if he doesn't get into Harvard; I just don't want him living in my basement playing video games when he's 30.”

“It's probably my fault,” Sandra added. “I spoil him, but he does better if I help him. Especially in school. He could never keep up if I wasn't around.”

“Help him?” Don replied. “You do the homework for him, and that's after paying for all the tutoring he's getting—Spanish, math, an executive function coach—whatever that is—we're doing everything for him. Probably way too much. You're right. He's spoiled. It's never his fault—and you let him get away with it. Listen, we've been to a lot of professionals, Doctor, and we've tried everything. Tutoring. Therapy. I tried to get him interested in hockey. Soccer. Nothing works. What's wrong with my kid? Can you do anything to help?”

Bradley's parents represent hundreds of families I've worked with over the last 25 years—parents of kids who, to paraphrase Bradley's dad, *couldn't care less about anything*. Parents will wonder “Is he lazy? Spoiled? Afraid to fail? Unmotivated? Gifted?” For some parents, it can start with a nagging

feeling soon after their child starts school. They might tell me that their child never seemed that enthusiastic about anything to do with learning. Other parents, especially those of teens, notice a more recent lack of consistent passion for almost everything—friendships, home life, extracurricular activities. As kids grow, these minor problems develop into more serious issues. A child who fails to enjoy learning new things becomes one who stops doing his homework. Then he progresses to one whose grades are failing. Finally, he becomes the child who can't get off the couch.

Kids like Bradley sound remarkably similar, but the reasons for their behaviors rarely are. These behaviors, which one father aptly described to me as *malaizy*—a combination of malaise and lazy—all involve a lack of motivation, a diminished interest in things kids their age are typically interested in, and problems completing almost anything. This sounds on the surface like depression. And sometimes these kids are depressed. Often they are not. And even when depression is a factor, it's typically more complicated than just treating the biological symptoms of depression.

Younger kids usually show fewer symptoms. They can keep up well enough in school or have a robust group of friends, but they might sometimes seem like much of life is boring to them. They might have difficulties completing homework or complain about participating in sports. Older kids typically show more concerning symptoms. Their boredom has become real malaise. They skip school. Fail to do any work independently. Check out of family activities and stop hanging out with friends, unless it's through social media or gaming. Alcohol and drug use can be a way to cope. Their *malaiziness*—at least at the beginning—can seem like a problem with motivation. As they get older, it can seem like severe depression or anxiety. In the middle of those extremes are many possible causes. Regardless of the cause or the age of the child, parents almost always bring up two words—*motivation* and *laziness*. Both of these concepts are important in understanding kids who couldn't care less. Let's start with motivation.

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What Is Motivation?

Motivation is the *why* or the *reason* we do things. For example, we are motivated to get off the couch and get a glass of water because we are thirsty. But, even though we are *really* thirsty, we might not be motivated to get it ourselves if we can say to someone, "Hey, I'm thirsty. Can you get me something to drink?" and they do it. We tend to think that motivation is something that is built into us—like a single character trait—but it's really much more complicated and multifaceted. It's also affected, both positively and negatively, by the supports around us. If there is no one around us to get us the glass of water, we have no choice but to get it ourselves, so we are motivated to move rather than be motivated to ask someone to do it for us. And, if there's no water at all to be had in the house, things become complicated. We might be motivated to call a plumber, or we might feel completely discouraged because it all seems too overwhelming and we lose motivation entirely.

This simple example illustrates that we're not just talking about one thing when we are talking about motivation. It's not just desire or willpower. In fact, science has shown us that a number of factors underlie motivation: our biology, our emotions, our thoughts, and the social world in which we live. It's the *why* we do the things that we do, and that's something that is different for everyone—and it can change over time and because of circumstances.

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Psychologists have spent years studying and developing theories about motivation. No single theory explains everything about the complexity of the topic. It's important to keep this in mind when you've got a child who seems unmotivated. Thinking about it from many different perspectives will be important. Here are some of the most widely accepted theories

of motivation. Think about each one of these and how it may or may not relate to your child.

THEORIES OF MOTIVATION

The *instinct theory of motivation* is based on the fact that all of us are born with innate biological tendencies—or *instincts*—that help us survive. Babies are born with reflexes, like the rooting reflex, which causes them to begin sucking and turn toward a food source when their cheeks or lips are touched. Birds fly south for the winter. We seek shelter when it's raining and warmth when we're cold. Maternal instinct is considered a built-in readiness that most women have toward mothering. This theory states that all humans have the same motivations because we all generally have the same biology. Thus, the root of all motivations is the motivation to survive.

You can probably see there are problems with this theory. Not every mother is maternal. We aren't birds. Our preprogrammed motivations are subject to individual experiences and emotions like jealousy and desire. But biology factors into some things. In terms of your child's behavior: *think about the role of biology and how it might relate to your child's difficulties*. It won't explain all the reasons he couldn't care less, but it might give you insight into some basic ones.

Incentive theory explains that people are motivated to do things because of external rewards. For example, adults are motivated to go to work every day because they want to receive a paycheck. For kids, incentives would include good grades for studying, getting praised for behaving well, or getting paid for doing chores. In Chapter 5, I'll talk a lot about how incentives can sometimes undermine kids' motivation. For now, *think about the incentives that work for your child*. Not all incentives are created equally, and the rewards that you find motivating might not be the same ones your child finds appealing.

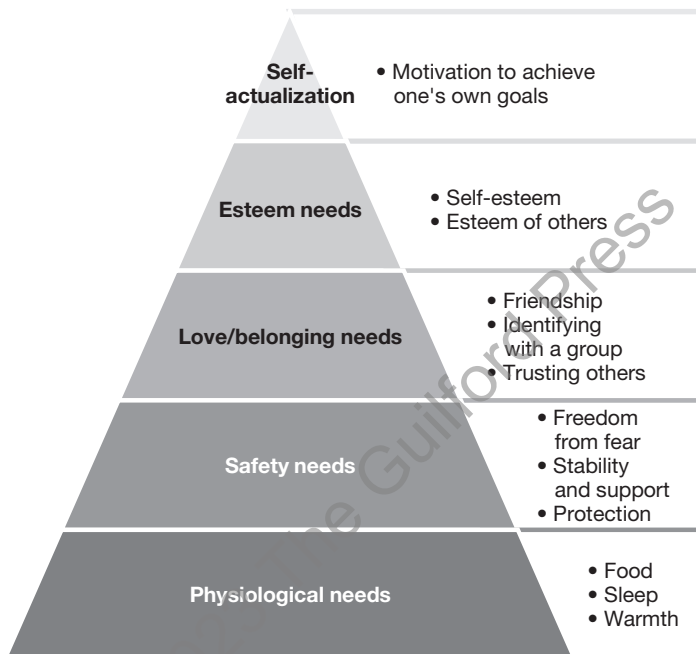
Sometimes our motivation is affected by our need to reduce internal tension. That's the idea behind the *drive theory of motivation*. For example, we are motivated to cook something to reduce the internal state of hunger. Alternatively, a child might be motivated to complete—or even *not complete*—a homework assignment because the teacher will be angry if the homework isn't completed (in the first case) or because the child is afraid he can't complete the assignment correctly. The tension and embarrassment of

turning in a poor assignment and looking "stupid" is worse than the tension of having an irate teacher (second case). *Are there instances where your child seems driven to act in a certain way to reduce tension?* If your child has difficulty completing homework independently, and little possibility of getting rewarded for what he is able to do without your support, he might be motivated *not* to do tasks that you think he should be doing. He might be motivated to let you do them for him.

The *arousal theory of motivation* is all about maintaining our psychological status quo. Arousal, in this case, is about our desire not to be too out of control or too "on edge," but also not to be too bored or lethargic. We tend to feel best in the middle. This theory of motivation suggests that people take certain actions to either decrease or increase levels of arousal, so that we are in that middle zone. We watch an exciting TV show when we are bored or take a bath or meditate when our arousal levels are high. Kids often "check out" by playing video games or overdoing it on social media when they are feeling overwhelmed. They might gravitate toward dangerous behavior when they are bored or lack a purpose. *What kind of things does your child tend to do when bored or overwhelmed?* These can be potential motivators or destroyers of motivation.

Other theories, like the one speculated by Abraham Maslow in the 1940s, says that we need to fulfill certain basic needs before other, more psychological needs; see the diagram on page 12. At the bottom of the hierarchy are basic needs like food and water. On top of that are needs like being safe and secure. Belongingness and "love needs" like friendship and intimate relationships are important as we move up the pyramid, followed by esteem needs (like prestige and a feeling of accomplishment) and, finally, self-actualization (achieving one's full potential). According to this theory, for motivation to arise at the next stage, the needs at each lower stage must be satisfied. This is an important concept to consider, because we often expect kids to be at the stage of self-actualization—and to be motivated by that factor—when they haven't yet had their needs for belongingness or a sense of accomplishment satisfied. Maslow's theory mostly referred to development over a lifetime, but the needs on this pyramid occur on a daily basis too, like when a child is too hungry or tired to concentrate on his

Maslow's Hierarchy of Needs



HOW MASLOW'S PYRAMID LOOKS IN CHILDREN

- **Physiological needs:** Kids always need to be well rested, well fed, and warm before anything else. So even highly motivated children will have trouble being motivated to tackle a difficult task if they slept poorly the night before.
- **Safety needs:** Freedom from fear and instability comes next. For example, a child who focuses primarily on avoiding punishment may struggle to develop intrinsic motivation, or any motivation at all.
- **Love/belonging needs:** Just like adults, kids who lack strong friendships or a sense of belonging may be less motivated because they have neither a base of support nor a source of identity.
- **Esteem needs:** Children need to know what their strengths are and see them celebrated by others to form a strong self-concept; without that they will struggle to develop motivation.

homework. *Where is your child on this hierarchy? Are there needs that aren’t met that might be impeding motivation? Are there needs, like enough sleep or supportive friendships, that are tough to satisfy on a daily basis?* These categories aren’t firm. In fact, self-actualization is a lifelong process, but sometimes kids get stuck in one category of needs. For example, when a child is having difficulty forming friendships, it is hard to move up the pyramid and be motivated by prestige and a feeling of accomplishment.

Speaking of not getting needs met, you’re probably wondering if stress is behind your child’s lack of motivation; see the sidebar on pages 14–15.

Finally, *expectancy theory* is all about the future—we are motivated to do certain things because we expect the effort will lead to better performance, which will in turn lead to better rewards. This is very dependent on how we view the future and formulate different predictions. *Do I have control over the future?* If yes, we are more motivated. *Do I value what is likely to happen in the future?* If yes, we’re more motivated. If we don’t value it, we’re not very motivated. *Do I have the skills to produce the outcome that is expected of me?* If not, we can’t expect success and thus aren’t very motivated to even try.

There is not a better example for expectancy theory than the college admission process. This is such an important topic that I will explore it in depth in Chapter 8. The expectation for college starts long before high school. It’s not always a realistic motivator. It’s often not the best motivator. For kids who struggle in school, it can be a demotivator—something off in the future that is scary. If everyone expects you to go to college and you know you don’t have the skills for it, or if you want a career that doesn’t require a college degree, you are not motivated by this expectation. In fact, if you’re a high school student, you might be motivated to act out. You might skip class or not turn in assignments.

Yael was one of these kids. From the time she was 12, she had wanted to be a hairstylist and makeup artist.

“Sure, you can do that,” her parents would tell her. “Once you finish college. Everyone needs a college degree first.”

Yael didn’t see the point, and she was right. She didn’t love school. She loved fashion. She didn’t read novels, but she spent a lot of time reading

Could It Just Be Too Much Stress?

Stress is one reason some kids give up and lose their way. Some of these kids were high achievers from an early age—the spelling bee champion in second grade, the captain of the science team in middle school. By 10th grade they're tired and worn out. Some start drinking or smoking weed. Others begin underperforming. Address this issue head on, by asking what happened and fixing the things you can change. The things to think about, talk about, and do at the end of each chapter can help guide your discussions. Therapy can also be helpful, as can decreasing the level of stress.

In fact, decreasing stress will help *all* kids stay on track, even if they were never high achievers. One of the greatest sources of stress occurs when we feel we have no control over our lives. It can be something as simple as realizing you don't have enough time to complete the homework before it's due or as complex as having an untreated learning disability, which can make most aspects of school feel out of your control. Racial inequality, poverty, medical problems, and learning differences can be sources of chronic stress, while unexpected disasters can interfere in a child's development and produce problems in adjustment.

The COVID-19 pandemic was occurring while I was writing this book, and it will take quite some time for us to understand the effects of this stressful event on children and families. Studies of children who have faced other disasters, from 9/11 to tsunamis, have shown that the likelihood that a child will face problems following a disaster depends on factors such as the nature of the disaster, its severity, and the support available to the child. What the parent experiences after a disaster plays an important role in how the child will respond. In terms of COVID-19, everyone suffered some, many suffered a lot. It's taking time for things to get back to normal, even if your family was lucky enough to never experience significant illness or death. If your experience was much more severe, it might take you more time to feel like you are back on track—and the tracks might lead somewhere you didn't expect. Give yourself—and your child—time to heal. What are some other things you can do?

- In a crisis, kids want to know the answer to three things: Am I safe? Are the people I love safe? How will my life change because of this

situation? You might not know the answers to all of these questions, but you can say things like “We are doing all we can to stay safe” and “Here’s what we’re planning to do to get through.”

- In addition to keeping those questions in mind, reassure children (many times if necessary) about their safety and security.

- Allow kids to talk about their stress and the events they experienced, and be patient and nonjudgmental when listening to them.

- In general, don’t expose kids to more stress than they already have. If there’s a frightening news event, limit discussions to what’s appropriate for them to know at their age. Answer their questions, but don’t have the news blaring all day when it’s a string of frightening events.

- Help kids make sense of what happened. If it was a traumatic event, make sure they don’t think they caused it. For example, a child might think she caused her mom’s cancer because she said “I hate you, Mommy!” when she was in kindergarten. Another child might think Grandma died from COVID-19 because he didn’t wash his hands enough. Other kids might believe things happened that didn’t. Slowly help them develop a realistic understanding of the important, stressful events in their lives.

- If your child’s stress is less about a traumatic experience and more about the chronic stress of homework, social relationships, and overworked parents, the same advice applies. Even very smart high school students have unrealistic ideas. They might think that getting a B+ on a test will make them ineligible to be accepted at Yale, or that if they don’t win the tennis championship, “no college will want me.” Talk to them realistically about how college acceptance isn’t about one test or accomplishment. It might also be helpful to let them know that a lot about college admissions is outside their control. Yet it’s been my experience that kids who are motivated to go to college—and who understand that a lot of the process lies outside their control—are generally very happy with where they ultimately attend school. This is especially true if they’ve been able to manage the stressors of high school by learning to enjoy the process and to not focus too much on the goal, which happens to be another way to manage stress.

Vogue and *Glamour* and researching fashion trends. She was a passionate student and a hard worker at the hair salon where she was employed on Saturday mornings. As the deadline for college applications approached, she started skipping classes and avoided doing homework. She had clearly told her parents what she wanted with her words and actions. But when they didn't listen—when their goals didn't match hers—she went from a child who was motivated to be successful at her chosen profession to one who was motivated to show her parents in a most difficult way that college wasn't her choice, by becoming an unmotivated high school senior who was in jeopardy of not graduating.

“How can I motivate him? How can I get him to care?” parents will ask me, as if there is a series of steps that can fix the problem. As you can see, it's complicated. The downside is that there isn't a simple solution, but the upside is that there are unlimited places to intervene and make a difference. But before you can intervene, you have to know exactly what the problem is.

Components of Motivation

All of the theories of motivation assume that there are at least three major components to motivation:

- *Initiation.* The decision to begin an activity or behavior. It's the ability to get started on a task. Kids with poor initiation might look like they just don't want to do the work or that they are disinterested. Typically, though, they want to succeed but don't know how to get started. If your child struggles with initiation, you might find that your child has trouble getting started on homework or chores, along with a need for lots of reminding (you might describe it as nagging) to get started.

- *Persistence.* The effort we put toward continuing to try to reach a goal, even if obstacles stand in our way. It's our ability to continue to try, even when we experience frustrations or failures. Kids who are motivated stick with a task long enough to finish it. Persistence requires the ability to

self-monitor, or be aware of where we are in the process. It requires good attention skills and the ability to not get distracted.

- *Intensity.* The concentration and stamina that go into pursuing a goal. It also includes the ability for students to assess their own performance while working on a task so that they can judge how much more work (intensity) the task requires.

All of these elements of motivation require executive function skills. *Executive function skills* are the skills that help us plan and achieve our goals. These skills include the ability to be flexible when thinking, self-monitor, pay attention, inhibit impulses, remember what you’re supposed to do and when you’re supposed to do it, manage your time, and stay organized. Kids who have difficulties with executive function skills have trouble with motivation, because they lack the skills to be motivated.

It’s important to consider each one of these areas when you’re evaluating your child’s behavior. *Is she having difficulty getting started (initiation)? Sticking with it (persistence)? Or does she show a lack of attention and passion (intensity)?* Obviously, it can be all three, but sometimes one is a more chronic problem than the others and, when it is, it can be a useful place to start a conversation: “I saw that you were excited to start the project your teacher assigned—making a comic book about an event in history—and I know the topic you picked, last year’s Super Bowl, is something you’re passionate about. So what’s getting in the way of getting it done? What do you need and what can I do to help?”

.....
Which component seems to be the biggest problem for your child—getting started, sticking with tasks, or concentrating and reviewing how the work is going?
.....

the way of getting it done? What do you need and what can I do to help?”

In addition, it’s good to get a sense of your child’s executive function skills and how they might be getting in the way of motivation. There are a lot of good books on this topic

(see the resources in Chapter 12 for more ideas). If you’re really concerned about this, an assessment can be helpful in determining your child’s executive function skills. See Chapter 11.

What Does an Unmotivated Child Look Like? Because Where I Come from, We Call It “Lazy”

Yael's lack of motivation was an easy one to spot and a relatively easy one to fix once her parents learned to accept and value Yael's abilities and goals for her life. It's usually not that simple. Remember Bradley? The roots of his lack of motivation and tendency not to care started earlier in childhood. In preschool, he had difficulty staying focused and his teacher described him as a bit “lethargic.” In fact, his teacher frequently wondered if he was getting enough sleep at night. By second grade, he was diagnosed with attention-deficit/hyperactivity disorder (ADHD)—inattentive type and slow processing speed. School was difficult for him because he had trouble paying attention and it took him longer to do things than it did the average child. Although he received support services at school, they were never enough. At different times in his life, he displayed all of the symptoms in the chart on the facing page. By the time he was in his first year of high school, years of being told he was lazy had taken a toll on his self-esteem. He was discouraged and demoralized. He was experiencing something called *learned helplessness*—the idea that after having many similar adverse experiences we learn either to avoid those experiences or to become dependent on others, even when we have the ability to do something on our own. Bradley often did both. He avoided anything that smacked of hard work and relied on his mother's support to do things like writing assignments and studying for tests, even when he possessed the skill to do them himself. He lacked *persistence* and *resilience*. See the table on page 19 for signs of lack of motivation at different ages.

Although Bradley's parents were eager for me to give them answers, I did the opposite. I started by asking them questions to help them—and me—know exactly what we were talking about. When you've got a child like Bradley, it feels like nothing is working and everything has gone wrong. It can feel that way because the problem is poorly defined. When the problem is “he's lazy,” or “he doesn't seem to care about anything,” it can feel overwhelming because we don't have treatments for laziness or “not caring.”

SIGNS OF AN UNMOTIVATED CHILD

Age 5–8	9–13	14–18	Young adults
<ul style="list-style-type: none"> ● Has trouble doing things on her own ● Says things like “I’m dumb” or “Reading is stupid” ● When something doesn’t go their way, they struggle to bounce back ● Frequent temper tantrums ● Can’t organize even simple tasks or consistently follow directions ● Requires parent involvement beyond the age where it’s appropriate ● Refuses to do schoolwork 	<ul style="list-style-type: none"> ● Complains a lot about being bored and can’t entertain himself ● Starts to say “I’m bad at” or “I can’t do” a specific academic subject or activity ● Says “It doesn’t even matter if I try” ● Has trouble deciding what she wants to do because nothing seems that interesting ● Is overly sensitive to criticism ● Complains that teachers are “unfair” or “stupid” ● Doesn’t complete homework assignments 	<ul style="list-style-type: none"> ● Struggles to come up with longer-term goals and follow through on steps ● Struggles to identify any activities that interest them ● Has no meaningful education or career goals, is uninterested in the college process, or says “I want to go to college,” but doesn’t do the work that it would take to reach that goal ● Spends more time hanging out with other seemingly unmotivated students ● Withdraws from competitive situations, even ones, such as sports, that used to be fun ● May use drugs or alcohol as a way to “cope” ● Obsessive video game playing ● Frequently late for class 	<ul style="list-style-type: none"> ● Doesn’t try to solve workplace or university problems independently, asks for help immediately ● Hides bad grades or other perceived “failures” from others ● Frequent lying ● Difficulty forming and keeping relationships ● Frequently late for work or class
<p><u>At any age</u></p> <ul style="list-style-type: none"> ● Procrastinates on homework and projects until the last minute ● Attributes any successes to luck, rather than their own skills and abilities ● Abandons an activity after a failure ● Avoids difficult academic tasks ● Doesn’t try new activities ● Doesn’t ask for help when things are too hard ● Asks for help before trying something independently ● Avoids nonpreferred tasks that could help them accomplish goals ● Gives up on new ideas quickly ● Has feelings of anxiety or depression ● Has an attitude of “I don’t care” or “It doesn’t matter” ● Follows the crowd, to the exclusion of developing their own interests ● Doesn’t do self-care that is appropriate for his age, from hanging up coat to remembering to take lunch to school 			

The symptoms of **ADHD** are *inattention, impulsivity, and hyperactivity*. There are three types or presentations of ADHD—kids can be *primarily impulsive/hyperactive, primarily inattentive, or a combination of hyperactive/impulsive and inattentive*. The most common presentation is *ADHD-combined*.

Processing speed is the pace at which we take in information, make sense of it, and generate a response. In other words, how long it takes us to get something done, whether it be answering a question like “What do you want for breakfast?” or writing an essay.

Learned helplessness is the idea that, after many exposures to adversity, some people may stop trying to avoid those negative experiences and simply “give up.” A good example of this in children is when they learn to be dependent on others, despite the ability to complete the tasks themselves.

Resilience is our ability to recover, and even grow, from difficult or stressful events. There's a lot more about resilience in Chapter 10, where I talk about developing a growth mindset, as well as further reading about the topic listed in Chapter 12.

But we do have treatments and solutions for the underlying reasons for those behaviors. We just have to start defining what those behaviors and triggers are. Other chapters in this book will look at these factors, such as skill deficits, family factors, and parental expectations, in depth, but let's start by thinking about the following questions. You might even want to get out a notebook and write your answers down.

My child couldn't care less. What exactly is it that he “doesn't care about”?

Define the things your child doesn't care about. You might think it's “everything.” Maybe it is, but you won't know until you write them all down: School. Friends. His little sister. Family mealtimes.

If you found yourself writing broad categories, like “school,” be more specific: Reading chapter books. Math. Ms. Burrow’s Spanish class. Whatever it is, it’s important to be clear.

How do I know she doesn’t care?

What behaviors is your child exhibiting that make you know she doesn’t care? Tantrums. Never leaves her room. Doesn’t do her math homework. Never wants a friend over for a playdate. Write all of them down and “star” the ones that are most traumatic for you and the most problematic for her. They might not be the same.

Are my expectations reasonable for my child?

Take a look at the table on page 22. While these are only general guidelines for different ages—and only provide a few examples for each age group—they are good starting points to consider. Where do your expectations fall on these important markers of development? Are your expectations too high? Are your expectations so low that you no longer have any?

Are there changes at home or at school that might be causing or contributing to these behaviors?

Things like a new school, a parent’s illness, a new sibling, or almost any change can affect motivation. Rarely is a change ever the entire problem, but it’s important to label it and consider if it is part of the problem.

Are there social factors that might be a consideration?

Bullying, the loss of a best friend, a particularly “mean class,” and the lack of a supportive peer group are the “silent killers” of motivation. They’re often “silent” because parents can sometimes be the last to know when kids are struggling socially. You might be aware of some of these, or you might want to do some checking in with your child or his teacher. Kids often aren’t forthcoming when it comes to peer relationships, so you might need to ask some open-ended questions like the ones on page 23. Also see the sidebar on pages 23–24.

REASONABLE EXPECTATIONS
AT DIFFERENT AGES

Age	Friendships	Academic behaviors	Home/self-care	Fully independent behaviors
5–7	Takes turns Goes on playdates without parent	Remembers important dates (field trips, dress-up days)	Does simple chores (for example, putting out cups on the table, putting away toys, feeding the dog) Takes off shoes	Able to put self to sleep
8–10	Leads activities when friends come over Goes on sleepovers without parent	Displays beginner time management skills (for example, knows they need to finish something by a certain time and starts early)	Packs a bag for school Chooses weather-appropriate clothing Does multistep unsupervised chores (for example, taking out the recycling, setting the table)	Walks to school or friend's home by self Puts food in the microwave/gets own snack
11–13	Schedules own time with friends Solves simple interpersonal issues	Completes multistep academic projects Keeps track of quizzes and tests	Packs own lunch Picks up room	Able to stay home alone Able to do “odd jobs” independently <ul style="list-style-type: none"> • Mow the lawn • Watch a younger sibling
14–18	Makes multistage plans with friends	Studies ahead of time for quizzes and tests	Able (although it may be a struggle) to keep room clean	Able to hold a job for pay
Young adults	Solves complex interpersonal issues	Manages the demands of multiple responsibilities	Cleans own dorm/apartment; does own laundry	Able to live independently with only necessary support from parents, such as paying for college

How to Get Your Kids to Open Up about Their Friendships

It can be very difficult to know what your child is doing with her friends. This is normal. Kids need to have a social life outside the family system. But not knowing anything isn’t great because parents can help when things get tough. Sometimes it’s easiest to ask about *other* kids. Kids would rather talk about how their friends are doing than about themselves. Their answers can give you some ideas about what is going on with them. Here are some things to keep in mind:

- Kids often don’t like responding to direct questions from their parents, especially when it comes to sensitive subjects. Instead of asking a direct question such as “Are you being bullied?” ask it indirectly: “I’ve been hearing so much about bullying. Is it a big deal at your school?” or “What would you do if you were bullied?” Framing it this way can be an entrance into a more personal conversation.

- Be prepared to listen. This can be tough, especially when you think you could solve the problem for your child. Bite your tongue and listen.

- When you’re not listening, ask open-ended questions: “How did you feel when she said that?” “What do you think Suzy should have done when that happened to her?” “How do you think this is going to turn out?” “What would you like to see happen?”

- Empathize. Being a kid is tough. Let them know you understand: “I can’t believe Tom would say that to you. That must have felt horrible.” “I can’t believe you rode the bus the rest of the week after that happened. You’re really brave.” “I’m so sad that happened.”

- Ask how you can help rather than jumping in to fix something. “What do you need from me?” and “Do you need help coming up with a solution?” are good ways of offering support.

- Talk in hypotheticals when you’re watching a TV show or movie about friendships, bullying, stress, or subjects relevant to kids. This can provide a platform for discussing tough topics. It can also give you the excuse to share your own experiences in an empathic way. “That

movie was so good, but the main character was under so much stress in school. Things were easier when I was her age. Is that really what it's like for you and your friends?" Or "I remember when I was in sixth grade. Just like in the movie, my friend Connie found a new best friend and they were so mean to me. I cried every night before I went to sleep for weeks."

Is there a skills deficit?

If your child has been evaluated for a learning or attention issue, you may already know that there is a problem with a specific area of academics that makes some aspects of school more difficult. If a child is struggling to read, it's hard to stay motivated in a classroom where all of the other students are reading at or above grade level. If you're not sure whether a skills deficit is an issue, it might be a good idea to get an evaluation to determine whether there is a specific problem that underlies the tendency not to care. There's more information about this in Chapter 11.

Is there an identifiable emotional issue?

An emotional disorder, such as anxiety or depression, might be a contributing factor. I discuss these issues in more detail elsewhere. For now, it's important to keep in mind that for some kids reversing not caring isn't just about trying harder or finding the right motivator. Anxiety and depression, by definition, will cause behaviors that will look like inertia or poor motivation. It's important to consider whether these might be an issue for your child, because the treatment will need to address them. The good news is that treatments such as therapy and medication are quite effective at addressing psychological disorders such as anxiety and depression.

What about Bradley?

Remember Bradley from the beginning of this chapter? I wrapped up my initial appointment with his parents with their feeling relieved that I understood

their concerns but frustrated that I didn’t have a succinct answer as to how to fix them. After reading this chapter, you might be feeling the same way. It is incredibly frustrating that there isn’t a program or a medication that has been proven to solve the problematic behaviors that Bradley exhibits. But I think that one of the reasons kids like Bradley are becoming more common is that we live in a culture where we assume there is a solution for everything. When one solution doesn’t work perfectly, some families feel like failures and mistrust schools or professionals. Other families shop around for a diagnosis. Some fault teachers. I can’t blame them. People like me—mental health professionals, educators, medical doctors—have given them the idea that a list of goals and objectives or the right medication will fix the issue. Don’t get me wrong. We have terrific medications and psychological treatments for kids. But they have limits. And kids change. What worked in second grade doesn’t necessarily work in sixth.

When Bradley was diagnosed with ADHD in second grade, his parents and teachers thought medication would be the solution to his problems. Medication and an individualized education program (IEP) definitely helped, but as Bradley matured, so did his vulnerabilities. And the effects of his vulnerabilities were subtle and difficult to see. The medication stopped working well after he had a growth spurt in middle school, and Bradley complained about taking pills. Instead of trying a new prescription and discussing why he didn’t like taking pills, his family gave up on medication. The IEP that gave Bradley the necessary support in elementary school was changed to a Section 504 plan in seventh grade because he was “doing so well and needs to take more initiative for his own learning.” It took almost two years of school before it was obvious that he wasn’t ready, at age 12, to take more initiative. He still needed support. The stress of having a child who wasn’t doing well in school took a toll on Bradley’s parents’ marriage, and their constant arguing made him stressed and anxious. It was a never-ending cycle that none of them could stop.

As I ended the initial session with Bradley’s parents, I pointed out that there were lots of reasons they were in my office. It wasn’t just (to use Bradley’s father’s words) “My kid doesn’t give a crap” but (also in Bradley’s father’s words) more like this:

“So, what you’re saying, Doc, is that he’s not just lazy. I still think he’s a bit lazy, but I hear what you’re saying. There are a bunch of things that he needs, and it might take us some time to figure them out. Some are because of him (that’s where I think the laziness comes in), and some are because of us (that’s where I think my wife comes in), and some have to do with the school situation. We aren’t going to fix this until we take a look at everything. Maybe even medication again. Okay. So, what’s the next step?”

There were a lot of ways I could have answered this question. I could have started by pointing out that Don, Bradley’s dad, was quick to put the blame on others, but in the moment that wouldn’t have been helpful. I could have also sent them home with a list of things they needed to do right away—get a school or neuropsychological evaluation, get a consultation with a psychiatrist, convene a meeting with the school to discuss getting Bradley more support—and while I mentioned that they should consider doing all of these things at some point, I told them that first I’d like to meet with Bradley. The one thing that was missing from this initial appointment was Bradley’s perspective. What were the personality or psychological factors that caused him to look like he couldn’t care less? Those factors—the personal obstacles and characteristics like aptitude, pleasure, and temperament—are explored in the next few chapters.

THINK, TALK, DO

As I mentioned in the Introduction, at the end of each chapter, I’ll provide you with action items to *think about*, to *talk about*, and to *do*. These suggestions are not an exhaustive list, but are a way to put into practice some of the topics discussed in the chapter and to make them more personal and meaningful for you.



What to Think About

- Why did you decide to read this book? What do you hope to learn about your child? What might you be afraid of knowing or thinking about?

- What are your fears about whether biological or genetic issues might be causing your child to act this way? Is there a history of anxiety, depression, or other mental health issues in your family that makes this more painful for you? How could you use this information to better understand your child?
- Are there recent changes in your child’s life that might be contributing to a lack of motivation? If so, identify them, and if there are things that you can do to make these changes easier, list them as an action item in the “Do” section (see below).
- Where is your child on Maslow’s hierarchy? Where is your family? Are there needs that are going unmet for your child or other members of your family that can be addressed? If so, make them action items in the “Do” section.
- Is your child having difficulty getting started (initiation)? Sticking with it (persistence)? Or does she show a lack of attention and passion (intensity)? If it seems to be more of one of these, that’s a good place to start intervening. If it’s all three, that’s okay. It just means you need to take into account all of these things when figuring out future steps.

What to Talk About

- Ask your child to think about the motivators that work for her. Start the conversation clearly—“I want to know how best I can support you. Tell me some activities or rewards that would encourage you to get your homework done on time [or fill in the blank with whatever your child isn’t doing].”
- Ask “What are the things that cause you to feel discouraged?”
- Open up a conversation about their friends or other kids you’ve observed (for better or worse). Phrases like “I noticed you’ve been hanging out with Desmond a lot lately. What’s he like?” can be a good place to start. Try your best not to be judgmental or to

stereotype kids. Approach it from a standpoint of wanting to know more. Rather than say “I’m not a fan of Desmond’s tattoo. Sixteen is too young to get a tattoo,” say “I noticed Desmond has a tattoo. What do you think of tattoos?”

What to Do

- Make a list of the exact things your child “doesn’t care about.”
- Make a list of the behaviors that show you that your child doesn’t seem to care.
- Look at the two lists and star the one that bothers you the most. Check the one that seems to be most problematic for your child. Are they the same? If not, you’ll want to start by addressing both of these.
- If you’re concerned that your child is lacking the skills to be successful, talk to your child’s teacher to get more information. Consider getting an evaluation of your child to determine whether a learning disability, attentional, or emotional issue could be leading to a lack of motivation. Keep in mind that *knowing* this, while scary, is the first step in finding a way to treat these issues.