



COLLABORATIVE & PROACTIVE SOLUTIONS

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Collaborative & Proactive Solutions (CPS) is a model developed by Dr. Ross Greene that parents can use to manage various behavioural problems, including:

- Anger and Aggression
- Parent-Child Relationship Conflict
- Sibling Rivalry
- Anxiety
- Depression
- And many other behaviours

The following package on CPS was compiled by our Behavioural Health Consultant, Donna Herrick. The package provides information regarding the basic principles behind CPS and worksheets that parents and families can use to manage problematic behaviours. This information and more is also available on Dr. Ross Greene's website www.livesinthebalance.org

If you feel that you or your child would benefit from learning more about this technique, talk to your pediatrician to determine if a referral to see Donna is warranted!

Sincerely,

The Pediatricians at Infinity Pediatrics



A more compassionate, productive, effective approach to understanding and helping behaviorally challenging kids

Dr. Ross Greene is the originator of the research-based approach to understanding and helping behaviorally challenging kids -- as described in his books *The Explosive Child* and *Lost at School* -- that has been implemented in countless families, schools, inpatient psychiatry units, therapeutic groups homes, and residential and juvenile detention facilities. The approach sets forth two major tenets. First, challenging behavior in kids is best understood as the result of lagging cognitive skills (in the general domains of flexibility/adaptability, frustration tolerance, and problem solving) rather than as the result of passive, permissive, inconsistent, noncontingent parenting. And second, the best way to reduce challenging episodes is by working together with the child – collaborating – to solve the problems setting them in motion in the first place (rather than by imposing adult will and intensive use of reward and punishment procedures). Here are some of the important questions answered by the model:

Question: *Why are challenging kids challenging?*

Answer: Because they're lacking the skills not to be challenging. If they had the skills, they wouldn't be challenging. That's because – and this is perhaps the key theme of the model – ***Kids do well if they can.*** And because (here's another key theme) ***Doing well is always preferable to not doing well (if a kid has the skills to do well in the first place).*** This, of course, is a dramatic departure from the view of challenging kids as attention-seeking, manipulative, coercive, limit-testing, and poorly motivated. It's a completely different set of lenses, supported by research in the neurosciences over the past 30-40 years, and it has dramatic implications for how caregivers go about helping such kids.

Question: *When are challenging kids challenging?*

Answer: When the demands or expectations being placed upon them exceed the skills that they have to respond adaptively. Of course, that's when we all respond maladaptively: when we're lacking the skills to respond adaptively. Thus, an important goal for helpers is to identify the skills a challenging kid is lacking. An even more important goal is to identify the specific expectations a kid is having difficulty meeting (the conditions in which challenging behavior is occurring), referred to as ***unsolved problems***...and to help kids solve those problems. Because unsolved problems tend to be highly predictable, the problem-solving should be proactive most of the time. Identifying lagging skills and unsolved problems is accomplished through use of an instrument called the ***Assessment of Lagging Skills and Unsolved Problems (ALSUP)***. You can find the ALSUP in The Paperwork section of the website of ***Lives in the Balance***, the non-profit Dr. Greene founded to help disseminate his approach (www.livesinthebalance.org).

Question: *What behaviors do challenging kids exhibit when they don't have the skills to respond adaptively to certain demands?*

Answer: Challenging kids communicate that they're struggling to meet demands and expectations in some fairly common ways: whining, pouting, sulking, withdrawing, crying, screaming, swearing, hitting, spitting, kicking, throwing, breaking, lying, stealing, and so forth. But what a kid ***does*** when he's having trouble meeting demands and expectations isn't the most important part (though it may feel that way)... ***why*** and ***when*** he's doing these things are much more important.

Question: *What should we be doing differently to help these kids better than we're helping them now?*

Answer: If challenging behavior is set in motion by lagging skills and not lagging motivation, then it's easy to understand why rewarding and punishing a kid may not make things better. Since challenging behavior occurs in response to highly predictable unsolved problems, then challenging kids – and the rest of us – are a whole lot better off when adults help them solve those problems. But if we solve them unilaterally, through imposition of adult will (referred to in the model as "Plan A"), then we'll only increase the likelihood of challenging episodes and we won't solve any problems durably. Better to solve those problems collaboratively ("Plan B") so the kid is a fully invested participant, solutions are more durable, and (over time) the kid ----- and often the adults as well ----- learn the skills they were lacking all along. ***Plan B*** is comprised of three basic ingredients. The first ingredient – called the ***Empathy*** step – involves gathering information from the child so as to achieve the clearest understanding of his or her concern or perspective on a given unsolved problem. The second ingredient (called the ***Define Adult Concerns*** step) involves entering into consideration the adult concern or perspective on the same unsolved problem. The third ingredient (called the ***Invitation*** step) involves having the adult and kid brainstorm solutions so as to arrive at a plan of action that is both realistic and mutually satisfactory...in other words, a solution that addresses the concerns of both parties and that both parties can actually perform.

Question: *Where can I learn more about this model?*

Answer: The ***Lives in the Balance*** website is a very good place to start. It has a ton of free resources to help you learn about and apply Dr. Greene's approach, including streaming video, audio programming, commentary, support, and lots more.

Question: *Isn't this the same model as what was previously known as Collaborative Problem Solving?*

Answer: Dr. Greene is the originator of the *Collaborative Problem Solving* approach, and for many years referred to his model by that name in his research papers, scholarly articles, books, and workshops. However, due to legal action taken by Massachusetts General Hospital, he is prohibited from using that name to refer to his model. He now calls his model ***Collaborative & Proactive Solutions (CPS)***. Be careful! There are others using the name *Collaborative Problem Solving* out there, but they had nothing to do with the origination or development of Dr. Greene's model and are not associated with Dr. Greene or *Lives in the Balance* in any way!

ASSESSMENT OF LAGGING SKILLS & UNSOLVED PROBLEMS (Rev. 11-12-12)

Child's Name: _____ Date: _____

Instructions: The ALSUP is intended for use as a *discussion guide* rather than a freestanding check-list or rating scale. It should be used to identify specific lagging skills and unsolved problems that pertain to a particular child or adolescent. If a lagging skill applies, check it off and then (before moving on to the next lagging skill) identify the specific expectations the child is having difficulty meeting in association with that lagging skill (unsolved problems). A non-exhaustive list of sample unsolved problems is shown at the bottom of the page.

LAGGING SKILLS

UNSOLVED PROBLEMS

| | |
|---|--|
| <input type="checkbox"/> Difficulty handling transitions, shifting from one mindset or task to another | |
| <input type="checkbox"/> Difficulty doing things in a logical sequence or prescribed order | |
| <input type="checkbox"/> Difficulty persisting on challenging or tedious tasks | |
| <input type="checkbox"/> Poor sense of time | |
| <input type="checkbox"/> Difficulty maintaining focus | |
| <input type="checkbox"/> Difficulty considering the likely outcomes or consequences of actions (impulsive) | |
| <input type="checkbox"/> Difficulty considering a range of solutions to a problem | |
| <input type="checkbox"/> Difficulty expressing concerns, needs, or thoughts in words | |
| <input type="checkbox"/> Difficulty understanding what is being said | |
| <input type="checkbox"/> Difficulty managing emotional response to frustration so as to think rationally | |
| <input type="checkbox"/> Chronic irritability and/or anxiety significantly impede capacity for problem-solving or heighten frustration | |
| <input type="checkbox"/> Difficulty seeing the "grays"/concrete, literal, black-and-white, thinking | |
| <input type="checkbox"/> Difficulty deviating from rules, routine | |
| <input type="checkbox"/> Difficulty handling unpredictability, ambiguity, uncertainty, novelty | |
| <input type="checkbox"/> Difficulty shifting from original idea, plan, or solution | |
| <input type="checkbox"/> Difficulty taking into account situational factors that would suggest the need to adjust a plan of action | |
| <input type="checkbox"/> Inflexible, inaccurate interpretations/cognitive distortions or biases (e.g., "Everyone's out to get me," "Nobody likes me," "You always blame me," "It's not fair," "I'm stupid") | |
| <input type="checkbox"/> Difficulty attending to or accurately interpreting social cues/poor perception of social nuances | |
| <input type="checkbox"/> Difficulty starting conversations, entering groups, connecting with people/lacking other basic social skills | |
| <input type="checkbox"/> Difficulty seeking attention in appropriate ways | |
| <input type="checkbox"/> Difficulty appreciating how his/her behavior is affecting other people | |
| <input type="checkbox"/> Difficulty empathizing with others, appreciating another person's perspective or point of view | |
| <input type="checkbox"/> Difficulty appreciating how s/he is coming across or being perceived by others | |
| <input type="checkbox"/> Sensory/motor difficulties | |

UNSOLVED PROBLEMS GUIDE: Unsolved problems are the specific expectations a child is having difficulty meeting. Unsolved problems should be free of maladaptive behavior; free of adult theories and explanations; "split" (not "clumped"); and specific.

HOME: Difficulty getting out of bed in the morning in time to get to school on time; Difficulty getting started on or completing homework (specify assignment); Difficulty ending the video game to get ready for bed a night; Difficulty coming indoors for dinner when playing outside; Difficulty agreeing with brother about what television show to watch after school; Difficulty handling the feelings of seams in socks; Difficulty brushing teeth before bedtime; Difficulty staying out of older sister's bedroom; Difficulty keeping bedroom clean; Difficulty clearing the table after dinner

SCHOOL: Difficulty moving from choice time to math; Difficulty sitting next to Kyle during circle time; Difficulty raising hand during social studies discussions; Difficulty getting started on project on tectonic plates in geography; Difficulty standing in line for lunch; Difficulty getting along with Eduardo on the school bus; Difficulty when losing in basketball at recess

Plan B Cheat Sheet

EMPATHY STEP

Ingredient/Goal:

Gather information about and achieve a clear understanding of the kid's concern or perspective on the unsolved problem you're discussing.

Words:

Initial Inquiry (neutral observation):

"I've noticed that...(insert unsolved problem)... what's up?"

Drilling for Information:

usually involves reflective listening and clarifying questions, gathering information related to the who, what, where, and when of the unsolved problem, and asking the kids what they're thinking in the midst of the unsolved problems and why the problem occurs under some conditions and not others.

More Help:

- If you're not sure what to say next, want more info, or are confused by something the kid has said, say:
 - "How so?"
 - "I'm confused."
 - "I don't quite understand."
 - "Can you tell me more about that?"
 - "Let me think about that for a second."
- If the kid doesn't talk or says "I don't know", try to figure out why:
 - Maybe the unsolved problem wasn't free of challenging behavior, wasn't specific, wasn't free of adult theories, or was "clumped" (instead of split)
 - Maybe you're using Emergency Plan B (instead of Proactive Plan B)
 - Maybe you're using Plan A
 - Maybe he really doesn't know
 - Maybe he needs the problem broken down into its component parts
 - Maybe he needs time to think

What You're Thinking:

"What don't I yet understand about the kid's concern or perspective? What doesn't make sense to me yet? What do I need to ask to understand it better?"

Don't...

- skip the Empathy step
- assume you already know what the kid's concern is and treat the Empathy step as if it is a formality
- rush through the Empathy step
- leave the Empathy step before you completely understand the kid's concern or perspective
- talk about solutions yet

DEFINE THE PROBLEM STEP

Ingredient/Goal:

Enter the concern of the second party (often the adult) into consideration

Words:

"The thing is (insert adult concern)..." or "My concern is (insert adult concern)..."

More Help:

- Most adult concerns fall into one of two categories:
- How the problem is affecting the kid
 - How the problem is affecting others

What You're Thinking:

"Have I been clear about my concern? Does the child understand what I have said?"

Don't...

- start talking about solutions yet
- sermonize, judge, lecture, use sarcasm

INVITATION STEP

Ingredient/Goal:

Brainstorm solutions that are realistic (meaning both parties can do what they are agreeing to) and mutually satisfactory (meaning the solution truly addresses the concerns of both parties)

Words:

Restate the concerns that were identified in the first two steps, usually beginning with "I wonder if there is a way..."

More Help:

- Stick as closely to the concerns that were identified in the first two steps
- While it's a good idea to give the kid the first opportunity to propose a solution, generating solutions is a team effort
- It's a good idea to consider the odds of a given solution actually working ...if you think the odds are below 60-70 percent, consider what it is that's making you skeptical and talk about it
- This step always ends with agreement to return to Plan B if the first solution doesn't stand the test of time

What You're Thinking:

"Have I summarized both concerns accurately? Have we truly considered whether both parties can do what they've agreed to? Does the solution truly address the concerns of both parties? What's my estimate of the odds of this solution working?"

Don't...

- Rush through this step either
- Enter this step with preordained, "ingenious" solutions
- Sign off on solutions that both parties can't actually perform
- Sign off on solutions that don't truly address the concerns of both parties.

PROBLEM SOLVING PLAN

(PLAN B FLOWCHART)

Child's Name _____ Date _____

| UNSOLVED PROBLEM #1 | UNSOLVED PROBLEM #2 | UNSOLVED PROBLEM #3 |
|--|--|--|
| Adult Taking the Lead on Plan B | Adult Taking the Lead on Plan B | Adult Taking the Lead on Plan B |
| Kid's Concerns Identified (Empathy Step) Date _____ | Kid's Concerns Identified (Empathy Step) Date _____ | Kid's Concerns Identified (Empathy Step) Date _____ |
| Adult Concerns Identified (Define the Problem Step) Date _____ | Adult Concerns Identified (Define the Problem Step) Date _____ | Adult Concerns Identified (Define the Problem Step) Date _____ |
| Solution Agreed Upon (Invitation Step) Date _____ | Solution Agreed Upon (Invitation Step) Date _____ | Solution Agreed Upon (Invitation Step) Date _____ |
| Problem Solved? Yes _____ Date _____ No _____ Comment: _____ | Problem Solved? Yes _____ Date _____ No _____ Comment: _____ | Problem Solved? Yes _____ Date _____ No _____ Comment: _____ |