

A more compassionate, productive, effective, approach to understanding and helping kids with concerning behaviors.

Collaborative&ProactiveSolutions(CPS) is the evidence-based approach for understanding and helping kids with concerning behaviors, as described in Dr. Ross Greene's books *The Explosive Child*, *Lost at School*, *Lost & Found*, and *Raising Human Beings*. The CPS model has been implemented in countless families, schools, inpatient psychiatry units, and residential and juvenile detention facilities. The approach sets forth two major tenets. First, the reason some kids respond maladaptively to problems and frustrations is that they're lacking the skills -- especially in the realms of flexibility/adaptability, frustration tolerance, emotion regulation, and problem solving -- to respond adaptively. Second, the best way to reduce concerning behaviors is by solving the problems that are causing those behaviors. The problem solving should be collaborative (something that's being done with the child rather than to them) and proactive (rather than reactive). The model does not rely at all on adult-imposed consequences aimed at modifying behavior. Here are some of the important questions answered by the model:

QUESTION: Why do kids exhibit concerning behavior?

ANSWER: Again because they're lacking the skills to respond more adaptively to problems and frustrations. If they had the skills, they wouldn't be exhibiting concerning behaviors. 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 preferable*. These new "lenses" are supported by research in the neurosciences over the past 40-50 years, and have dramatic implications for how caregivers go about helping such kids. These new lenses also represent a dramatic departure from the view that kids with concerning behaviors are attention-seeking, manipulative, coercive, limit-testing, and poorly motivated. An important goal for caregivers is to identify the skills a child with concerning behaviors is lacking, a goal accomplished by the completion of an instrument called the *Assessment of Lagging Skills and Unsolved Problems (ALSUP)*.

QUESTION: When are challenging kids challenging?

ANSWER: When they're having difficulty meeting certain expectations. Thus, another important goal for caregivers is to identify the specific expectations a kid is having difficulty meeting, referred to as unsolved problems... and to help kids solve those problems. Because unsolved problems tend to be highly predictable, the problem-solving can be proactive most of the time. Identifying unsolved problems is also accomplished through use of the ALSUP. You can find the ALSUP on the website of Lives in the Balance (livesinthebalance.org).

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

ANSWER: You've probably heard the cliché *behavior is communication*. Now you know what concerning behaviors are communicating: that there's an expectation a child is having difficulty meeting. Some kids communicate that through whining, pouting, sulking, withdrawing, and crying. These behaviors are referred to as "lucky" because they're likely to elicit empathy, nurturance, and support from caregivers. Other kids communicate that they're having difficulty meeting expectations by screaming, swearing, hitting, spitting, kicking, throwing, lying, stealing, and so forth. These "unlucky" behaviors are far less likely to elicit empathy, nurturance, and support from caregivers. But whether lucky or unlucky, the concerning behaviors are communicating the same thing.

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

ANSWER: If kids are responding poorly to problems and frustrations because of lagging skills and not lagging motivation, then it's easy to understand why motivational strategies -- rewarding and punishing -- may not make things better. And, if it's unsolved problems that are causing concerning behaviors, then the best way to reduce the behaviors is by solving the problems that are causing them. But if we solve the problems unilaterally, through imposition of adult will (referred to in the model as "Plan A"), then we'll only increase the likelihood of concerning behavior 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 skills the kid is lacking are enhanced. 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 what's making it hard for the child to meet a given expectation. The second ingredient (called the Define Adult Concerns step) involves having caregivers enter their concerns into consideration on the same unsolved problem (i.e. how the problem is affecting the kid and/or others). The third ingredient (called the Invitation step) involves having the adult and kid work toward a solution that is 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 (livesinthebalance.org) is a very good place to start. It has a ton of free resources, including streaming video, podcasts, support, and lots more.

QUESTION: Where can I find the research on the CPS model?

ANSWER: On the Research page of the Lives in the Balance website.

QUESTION: Wasn't this model previously referred to as Collaborative Problem Solving?

ANSWER: Yes...but not anymore! A product called "Collaborative Problem Solving" is now being marketed by a large hospital corporation, but we don't have anything to do with them!



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