

CHILD'S NAME _____ DATE _____

The ALSUP is intended for use as a **discussion guide** rather than as 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.

LAGGING SKILLS

This section will help you understand why the child is responding so maladaptively to problems and frustrations. Please note that these **lagging skills are not the primary focal point of intervention**. In other words, you won't be discussing the lagging skills with the student, nor will you be teaching most of the skills explicitly. The primary targets of intervention are the unsolved problems you'll be documenting in the next section.

<input type="checkbox"/>	Difficulty maintaining focus	<input type="checkbox"/>	Difficulty seeing "grays"/concrete, literal, black & white, thinking
<input type="checkbox"/>	Difficulty handling transitions, shifting from one mindset or task to another	<input type="checkbox"/>	Difficulty taking into account situational factors that would suggest the need to adjust a plan of action
<input type="checkbox"/>	Difficulty considering the likely outcomes or consequences of actions (impulsive)	<input type="checkbox"/>	Inflexible, inaccurate interpretations/cognitive distortions or biases (e.g., "Everyone's out to get me," "Nobody likes me")
<input type="checkbox"/>	Difficulty persisting on challenging or tedious tasks	<input type="checkbox"/>	Difficulty attending to or accurately interpreting social cues/poor perception of social nuances
<input type="checkbox"/>	Difficulty considering a range of solutions to a problem	<input type="checkbox"/>	Difficulty shifting from original idea, plan, or solution
<input type="checkbox"/>	Difficulty expressing concerns, needs, or thoughts in words	<input type="checkbox"/>	Difficulty appreciating how their behavior is affecting others
<input type="checkbox"/>	Difficulty managing emotional response to frustration so as to think rationally	<input type="checkbox"/>	Difficulty starting conversations, entering groups, connecting with people/lacking other basic social skills
<input type="checkbox"/>	Chronic irritability and/or anxiety significantly impede capacity for problem-solving or heighten frustration	<input type="checkbox"/>	Difficulty empathizing with others, appreciating another person's perspective or point of view
<input type="checkbox"/>	Sensory/motor difficulties	<input type="checkbox"/>	Difficulty handling unpredictability, ambiguity, uncertainty, novelty

UNSOLVED PROBLEMS

Unsolved problems are the specific expectations a child is having difficulty meeting. The wording of an unsolved problem will translate directly into the words that you'll be using when you introduce an unsolved problem to the child when it comes time to solve the problem together. Poorly worded unsolved problems often cause the problem-solving process to deteriorate before it even gets started. Please reference the ALSUP Guide for guidance on the four guidelines for writing unsolved problems.

SCHOOL/FACILITY PROMPTS:

Are there specific tasks/expectations the student is having difficulty completing or getting started on?

Are there classmates this student is having difficulty getting along with in specific conditions?

Are there tasks and activities this student is having difficulty moving from or to?

Are there classes/activities the student is having difficulty attending/being on time to?

As you think about the start of the day to the end, are there any other expectations the student has difficulty reliably meeting or that you find yourself frequently reminding the student about?

HOME/CLINIC PROMPTS:

Are there chores/tasks/activities the child is having difficulty completing or getting started on?

Are there siblings/other children the child is having difficulty getting along with in specific conditions?

Are there aspects of hygiene the child is having difficulty completing?

Are there activities the child is having difficulty ending or tasks the child is having difficulty moving on to?

As you think about the start of the day to the end, are there any other expectations the child has difficulty reliably meeting or that you find yourself frequently reminding the child about?

The **Assessment of Lagging Skills and Unsolved Problems (ALSUP)** is a discussion guide created to assist caregivers in identifying a child's lagging skills and unsolved problems. Lagging skills provide caregivers with new lenses. Rather than viewing a child's difficulties as attention-seeking, manipulative, coercive, unmotivated, lazy, or limit testing, lagging skills provide more accurate, productive, actionable lenses.

INSTRUCTIONS FOR IDENTIFYING LAGGING SKILLS:

How hard could it be to check off lagging skills? Not that hard, but here are a few important reminders:

- Go in order...you don't want to miss anything.
- Don't spend time hypothesizing or theorizing about causal factors (why the student is lacking these skills)...you can't establish cause with any level of precision, and your time will be better spent identifying lagging skills and unsolved problems
- Don't spend any time talking about the child's behavior either...the behavior is simply the way children communicate that there are expectations they are having difficulty meeting
- Checking off a lagging skill is not a democratic process and shouldn't take more than 3-5 seconds each. If any caregivers in the meeting think the lagging skill applies to the child, check it off.
- While lagging skills provide you with new lenses -- a worthy goal -- lagging skills are not the primary targets of intervention. The unsolved problems you'll be identifying are the primary targets of intervention. If you solve those problems collaboratively and proactively, the child's skills will be enhanced.

INSTRUCTIONS FOR IDENTIFYING UNSOLVED PROBLEMS:

An unsolved problem is **an expectation a child is having difficulty meeting**. Writing unsolved problems is harder, because the wording of the unsolved problem on the ALSUP is going to translate directly into the words that you're going to use to introduce the unsolved problem to the child when it comes time to solve the problem together. As such, there are four guidelines for writing unsolved problems:

They should contain no reference to the child's challenging behaviors. Since you won't be talking with children about their behavior, there's no need to include the behavior in the wording of the unsolved problem. Instead, almost all unsolved problems begin with the words *Difficulty*, followed by a verb (a variety of verbs are shown in the examples below as well). So you wouldn't write *Screams and swears when having difficulty completing the word problems on the math homework...* instead write *Difficulty completing the word problems on the math homework*.

They should contain no adult theories. So you wouldn't write *Difficulty writing the definitions to the spelling words in English... because his parents were recently divorced*.

They should be split, not clumped (so you wouldn't write *Difficulty getting along with others* but rather *Difficulty getting along with Trevor on the school bus in the morning*).

They should be specific. To make an unsolved problem as specific as possible, there are two strategies:

- Include details related to *who, what, where, and when*
- Ask *What expectation is the child/student having difficulty meeting?*

The above guidelines -- and a variety of sample verbs -- are embodied in the following examples (they're grouped based on setting, but the verbs apply across settings):

SCHOOL/FACILITY:

- Difficulty getting started on the double-digit division problems in math
- Difficulty completing the map of Europe in geography
- Difficulty participating in the discussions in morning meeting
- Difficulty moving from choice time to math
- Difficulty ending computer time to come to circle time
- Difficulty walking in the hallway between classes
- Difficulty raising hand during Social Studies discussions
- Difficulty keeping hands to self in the lunch line
- Difficulty lining up for the bus at the end of the school day
- Difficulty remaining quiet when a classmate is sharing his or her ideas in English
- Difficulty waiting for his turn during the four-square game at recess
- Difficulty retrieving Geography notebook from locker before Geography class

HOME/CLINIC:

- Difficulty getting out of bed at 7 am in the morning to get ready for school on weekdays
- Difficulty going to church on Sundays
- Difficulty taking turns when playing chess with brother
- Difficulty sitting next to sister at dinner
- Difficulty putting the dishes into the dishwasher after dinner
- Difficulty taking the trash out on Tuesdays
- Difficulty brushing teeth before going to bed at night
- Difficulty ending Xbox at 8 pm
- Difficulty making bed before school on weekday mornings

There are also a variety of verbs that should be avoided, including *accepting, appreciating, staying calm, asking for help, listening, paying attention, focusing, considering, understanding, persisting, controlling*.

CHILD'S NAME _____ DATE _____

UNRESOLVED PROBLEM #1	UNRESOLVED PROBLEM #2	UNRESOLVED PROBLEM #3
Adult taking the lead on Plan B:	Adult taking the lead on Plan B:	Adult taking the lead on Plan B:
Kid concerns identified: (Empathy step) DATE _____	Kid concerns identified: (Empathy step) DATE _____	Kid concerns identified: (Empathy step) DATE _____
Adult concerns identified: (Define Adult Concerns Step) DATE _____	Adult concerns identified: (Define Adult Concerns Step) DATE _____	Adult concerns identified: (Define Adult Concerns 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:

The goal of the Empathy Step is to gather information from the child about their concern or perspective on the unsolved problem you're discussing (preferably proactively). For many adults, this is the most difficult part of Plan B, as they often find that they are unsure of what to ask next. So here's a brief summary of different strategies for "drilling" for information:

REFLECTIVE LISTENING AND CLARIFYING STATEMENTS

Reflective listening basically involves **mirroring what a child has said** and then encouraging him/her to provide additional information by saying one of the following:

- "How so?"
- "I don't quite understand"
- "I'm confused"
- "Can you say more about that?"
- "What do you mean?"

Reflective listening is your "default" drilling strategy...if you aren't sure of which strategy to use or what to say next, use this strategy.

ASKING ABOUT THE WHO, WHAT, WHERE/WHEN OF THE UNSOLVED PROBLEM

EXAMPLES:

- "Who was making fun of your clothes?"
- "What's getting the way of completing the science project?"
- "Where is Eddie bossing you around?"

ASKING ABOUT WHY THE PROBLEM OCCURS UNDER SOME CONDITIONS AND NOT OTHERS

EXAMPLE: "You seem to be doing really well in your work group in math...but not so well in your work group in social studies...what's getting in the way in social studies?"

ASKING THE CHILD WHAT THEY ARE THINKING IN THE MIDST OF THE UNSOLVED PROBLEM

Notice, this is different than asking the child what they are feeling, which doesn't usually provide much information about the child's concern or perspective on an unsolved problem.

EXAMPLE: "What were you thinking when Mrs. Thompson told the class to get to work on the science quiz?"

BREAKING THE PROBLEM DOWN INTO ITS COMPONENT PARTS

EXAMPLE: "So writing the answers to the questions on the science quiz is hard for you...but you're not sure why. Let's think about the different parts of answering questions on the science quiz. First, you have to understand what the question is asking. Is that part hard for you? Next, you need to think of the answer to the question. Is that part hard? Next, you have to remember the answer long enough to write it down. Are you having trouble with that part? Then you have to actually do the writing. Any trouble with that part?"

DISCREPANT OBSERVATION

This involves making an observation that differs from what the child is describing about a particular situation, and it's the riskiest (in terms of causing the child to stop talking) of all the drilling strategies.

EXAMPLE: "I know you're saying that you haven't been having any difficulty with Chad on the playground lately, but I recall a few times last week when you guys were having a big disagreement about the rules in the box-ball game. What do you think was going on with that?"

TABLING (AND ASKING FOR MORE CONCERNS)

This is where you're "shelving" some concerns the child has already expressed so as to permit consideration of other concerns.

EXAMPLE: "So if Timmy wasn't sitting too close to you, and Robbie wasn't making noises, and the floor wasn't dirty, and the buttons in your pants weren't bothering you...is there anything else that would make it difficult for you to participate in Morning Meeting?"

SUMMARIZING (AND ASKING FOR MORE CONCERNS)

This is where you're summarizing concerns you've already heard about and then asking if there are any other concerns that haven't yet been discussed. This is the recommended strategy to use before moving on to the Define Adult Concerns step.

EXAMPLE: "Let me make sure I understand all of this correctly. It's hard for you to do your social studies worksheet for homework because writing down the answers is still hard for you...and because sometimes you don't understand the question...and because Mrs. Langley hasn't yet covered the material on the worksheet. Is there anything else that's hard for you about completing the social studies worksheet for homework?"

Prepared with the assistance of Dr. Christopher Watson

① EMPATHY STEP | INGREDIENT/GOAL

Gather information about and achieve a clear understanding of what's making it hard for a kid to meet a given expectation.

WORDS | Initial Inquiry (neutral observation)

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

DRILLING FOR INFORMATION

Involves using a variety of drilling strategies -- as shown on the drilling cheat sheet -- to gather information from the child about what's making it hard for them to meet a given expectation.

MORE HELP

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 concerning 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 they really don't know
- Maybe they need the problem broken down into its component parts
- Maybe they need 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 perception
- Talk about solutions yet
- Forget to ask the child to prioritize their concerns

② DEFINE ADULT CONCERNS STEP | INGREDIENT/GOAL

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

WORDS | Initial Inquiry (neutral observation)

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

MORE HELP

Most adult concerns fall into one of two categories (typically health, safety, and learning):

- 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 have any questions?"

DON'T

- Start talking about solutions yet
- Sermonize, judge, lecture, use sarcasm
- Forget to prioritize your main concerns

③ INVITATION STEP | INGREDIENT/GOAL

Generate 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 | Initial Inquiry (neutral observation)

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

MORE HELP

- Have the child and caregiver prioritize concerns before starting the invitation
- Stick as closely to the concerns that were identified in the first two steps
- 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 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

If we don't start doing right by kids with social, emotional, and behavioral challenges, we're going to keep losing them at an astounding rate. Doing the right thing isn't an option...it's an imperative. There are lives in the balance, and we all need to do everything we can to make sure those lives aren't lost.

KIDS WITH CONCERNING BEHAVIOR HAVE THE RIGHT:

1. To have caregivers understand that their maladaptive responses to problems and frustrations are due to lagging skills -- not lagging motivation or faulty learning -- especially in the domains of flexibility/adaptability, frustration tolerance, emotion regulation, and problem-solving.
2. To have caregivers understand that concerning behavior is no less a form of developmental delay than delays in reading, writing, and arithmetic, and is deserving of the same compassion as is applied to these other cognitive delays.
3. Not to be characterized as bratty, spoiled, manipulative, attention-seeking, coercive, limit-testing, controlling, or unmotivated.
4. To have caregivers recognize that concerning behavior occurs in response to specific expectations kids are having difficulty meeting -- called unsolved problems -- and that these unsolved problems are usually highly predictable and can therefore be solved proactively.
5. To have caregivers understand that the primary goal of intervention is to collaboratively solve these problems in a way that is realistic and mutually satisfactory so that they no longer precipitate concerning behavior.
6. To have caregivers (and peers) understand that time-outs, detentions, suspensions, expulsion, paddling, restraint, seclusion, and arrests do not solve problems and often make things worse.
7. To have caregivers recognize that the best source of information on what's making it hard for a child to meet an expectation is the child, and that kids' concerns are legitimate, important, and worth listening to and clarifying.
8. To have adults in their lives who are aware of the damage caused by physical intervention and are knowledgeable about and proficient in solving problems.
9. To have adults who understand that solving problems collaboratively -- rather than insisting on blind adherence to authority -- is what prepares kids for the demands they will face in the real world.
10. To have adults understand that blind obedience to authority is dangerous, and that life in the real world requires expressing one's concerns, listening to the concerns of others, and working toward mutually satisfactory solutions.

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!

REFERENCES/RESOURCES

BOOKS

- Greene, R.W. (2016). *Raising human beings: Creating a collaborative partnership with your child*. New York: Scribner.
- Greene, R.W. (2016). *Lost and found: Helping behaviorally challenging student (and while you're at it, all the others)*. San Francisco: Jossey-Bass.
- Greene, R.W. (2008, 2009, 2014). *Lost at school: Why our kids with behavioral challenges are falling through the cracks and how we can help them*. New York: Scribner.
- Greene, R. W. (1998, 2001, 2005, 2010, 2014). *The explosive child: A new approach for understanding and parenting easily frustrated, "chronically inflexible" children*. New York: HarperCollins.

PUBLICATIONS (JOURNAL ARTICLES AND CHAPTERS)

- Greene, R.W. & Winkler, J.L. Collaborative & Proactive Solutions: A review of research findings in families, schools, and treatment facilities, under review.
- Ollendick, T.H., Greene, R. W., Booker, J. A., & Dunsmore, J.C. Emotional lability as a mediator of treatment outcomes for youth with oppositional defiant disorder, under review.
- Booker, J.A., Capriola-Hall, N.N., Greene, R.W., & Ollendick, T.H. (2019). The parent-child relationship and post-treatment child outcomes across two treatments for oppositional defiant disorder. *Journal of Clinical Child and Adolescent Psychology*, published online, February 2019.
- Booker, J.A., Capriola, N.N, Dunsmore, J.C., Greene, R.W., & Ollendick, T.H. (2018). Change in maternal stress for families in treatment for their children with oppositional defiant disorder: Indirect influence of children's perceived relations with parents, *Journal of Child and Family Studies*, in press.
- Ollendick, T.H., Booker, J.A., Ryan, S., & Greene, R.W. (2018) Testing Multiple Conceptualizations of Oppositional Defiant Disorder in Youth, *Journal of Clinical Child & Adolescent Psychology*, 47:4, 620-633.
- Greene, R.W. (2018) Transforming School Discipline: Shifting from power and control to collaboration and problem solving, *Childhood Education*, 94:4, 22-27.
- Booker, J.A., Ollendick, T.H., Dunsmore, J.C., & Greene, R.W. (2016). Perceived parent-child relations, conduct problems, and clinical improvement following the treatment of oppositional defiant disorder. *Journal of Child and Family Studies*, 25, 1623-1633.
- Ollendick, T.H., Greene, R.W., Fraire, M.G., Austin, K.E., Halldorsdottir, T., Allen, K.B., Jarrett, M.E., Lewis, K.M., Whitmore, M.J., & Wolff, J.C. (2015). Parent Management Training (PMT) and Collaborative & Proactive Solutions (CPS) in the Treatment of Oppositional Defiant Disorder in Youth: A Randomized Control Trial. *Journal of Child and Adolescent Psychology*.
- Wolff, J. C., Greene, R.W., & Ollendick, T.H. (2008). Differential responses of children with varying degrees of reactive and proactive aggression to two forms of psychosocial treatment. *Child and Family Behavior Therapy*, 30, 37-50.
- Greene, R.W., Ablon, S.A., & Martin, A. (2006). Innovations: Child Psychiatry: Use of Collaborative Problem Solving to reduce seclusion and restraint in child and adolescent inpatient units. *Psychiatric Services*, 57(5), 610-616.
- Greene, R.W., Ablon, J.S., Monuteaux, M., Goring, J., Henin, A., Raezer, L., Edwards, G., & Markey, J., & Rabbitt, S. (2004). Effectiveness of Collaborative Problem Solving in affectively dysregulated youth with oppositional defiant disorder: Initial findings. *Journal of Consulting and Clinical Psychology*, 72, 1157-1164.
- Greene, R.W., Biederman, J., Zerwas, S., Monuteaux, M., Goring, J., Faraone, S.V. (2002). Psychiatric comorbidity, family dysfunction, and social impairment in referred youth with oppositional defiant disorder. *American Journal of Psychiatry*, 159, 1214-1224.
- Greene, R.W., Biederman, J., Faraone, S.V., Monuteaux, M., Mick, E., DuPre, E., Fine, C., & Goring, J.C. (2001). Social impairment in girls with ADHD: Patterns, gender comparisons, and correlates. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40(6), 704-710.
- Greene, R. W., & Doyle, A.E. (1999). Toward a transactional conceptualization of oppositional defiant disorder: Implications for treatment and assessment. *Clinical Child and Family Psychology Review*, 2(3), 129-148.
- Greene, R. W., Biederman, J., Faraone, S. V., Sienna, J., & Garcia-Jetton, J. (1997). Adolescent outcome of boys with attention-deficit/hyperactivity disorder and social disability: Results from a 4-year longitudinal follow-up study. *Journal of Consulting and Clinical Psychology*, 65(5), 758-767.
- Biederman, J., Faraone, S. V., Milberger, S., Garcia, J., Chen, L., Mick, E., Greene, R. W., & Russell, R. (1996). Childhood oppositional defiant disorder a precursor to adolescent conduct disorder? Findings from a four-year follow-up study of children with ADHD. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35(9), 1193-1204.
- Greene, R. W. (1996). Students with ADHD and their teachers: Implications of a goodness-of-fit perspective. In T.H. Ollendick & R. J. Prinz (Eds.), *Advances in Clinical Child Psychology*, pp. 205-230. New York: Plenum.

advocator

(noun) a person who pleads for a cause or propounds an idea

If you've seen the Lives in the Balance documentary film, *The Kids We Lose*, then you know it's a jungle out there for kids with social, emotional, and behavioral challenges. And it's not a walk in the park for parents, educators, mental health professionals, staff in facilities, or law enforcement professionals either. Fortunately, there is hope, but we're going to need your help to facilitate the changes in lenses, practices, structures, and systems that are needed to end the counterproductive, punitive practices -- detentions, suspensions, expulsions, paddling, restraint, and seclusion -- that are still commonly employed in schools and facilities. There are a lot of things **you** can do to heighten awareness and advocate for change.

Visit www.livesinthebalance.org/advocators to get involved in any or many of the following:

- ✓ Sign up for our Newsletter, *The Advocator*
- ✓ Check out our Punitive Index to familiarize yourself with the states where things are *really* bad
- ✓ Join our Facebook Group
- ✓ Sign up to Round Up! by rounding up your credit card purchases, you'll help Lives in the Balance fund the effort
- ✓ Stay on top of the most current news on how kids with behavioral challenges are being treated

