

Collaborative & Proactive Solutions: The True Meaning of Trauma-Informed, Crisis Prevention, and Evidence-Based

Ross W. Greene, Ph.D.

LIVES
IN THE
BALANCE

KEY COMPONENTS OF TRAUMA INFORMED CARE

- Emotional and physical safety
- Collaboration and mutuality
- Trustworthiness and transparency
- Empowerment and choice

WHAT'S NOT TRAUMA-INFORMED?

- Emotional and physical safety
 - Restraint, seclusion, corporal punishment
 - Suspension, detention, expulsion
 - Failure to see beyond overt behavior
 - Focusing intervention primarily on overt behavior
 - Reactive, not proactive intervention
- Collaboration and mutuality
 - Unilateral, adult-imposed solutions (assent and compassion are an improvement, but insufficient)
- Trustworthiness and transparency
 - Invalidating, dismissing, disregarding concerns
- Empowerment and choice
 - No voice, no agency, no participation

ELEPHANT IN THE ROOM

- Traditional school discipline and structures
- Training (crisis management rather than true crisis prevention)
- Over-emphasis on academics



Children's Mental Health: The Hamburger Approach



THINGS WE CAN CHANGE: #1

Pay more attention to **problems** (and solving them) rather than on concerning behaviors (and modifying them)

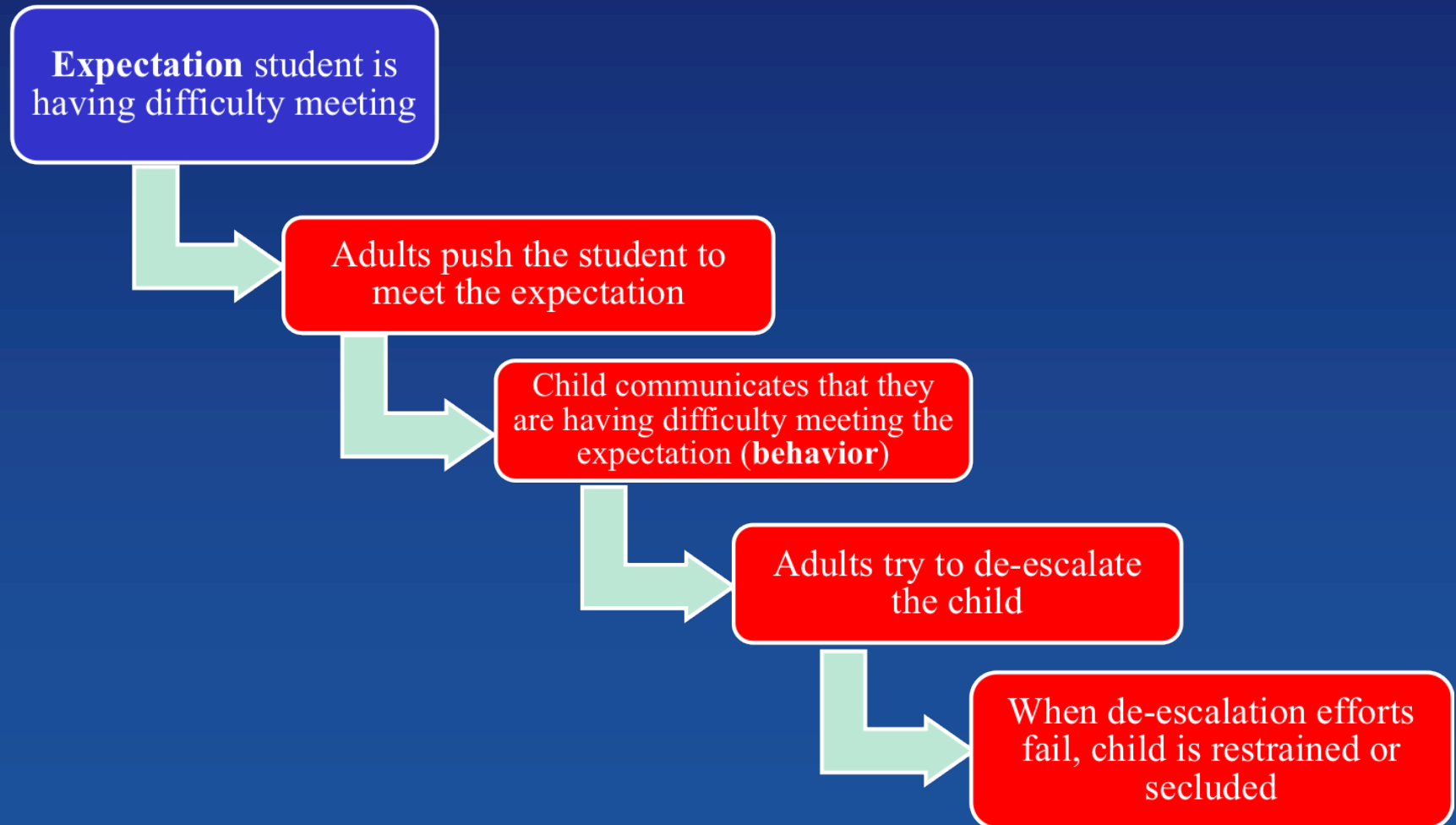
THINGS WE CAN CHANGE: #2

Solve those problems **collaboratively**, not unilaterally (**ask the kid**)

THINGS WE CAN CHANGE: #3

Solve those problems **proactively**, not reactively
(**be early, not late**)

SEQUENCE OF PUNITIVE, EXCLUSIONARY DISCIPLINE



THE (non-exhaustive) LIST OF LATE

- Asking for help
- Take a break
- Calming corner
- Coping strategies
 - especially the ones teaching kids how to cope once they're already frustrated...*90% should be helping kids anticipate and solve problems before they're frustrated*
- Co-regulating
- De-escalating
- Restraint and seclusion
- Discipline referral
- Detention, suspension, expulsion, paddling

THINGS WE CAN CHANGE: #4

Change your vocabulary (Kids do well if they can, not kids do well if they wanna)

- Stop saying:
 - Attention-seeking
 - Manipulative
 - Coercive
 - Unmotivated
 - Limit-testing

THINGS WE CAN CHANGE: #5

Use the ALSUP more

ASSESSMENT OF LAGGING SKILLS AND UNSOLVED PROBLEMS (ALSUP)

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?

THINGS WE CAN CHANGE: #6

Focus on equity, not equality

(Meeting kids where they're at)

THINGS WE CAN CHANGE: #7

Use Plan B a lot

OPTIONS FOR HANDLING UNSOLVED PROBLEMS

PLAN A:

Solve the problem unilaterally

PLAN B:

Solve the problem collaboratively

PLAN C:

Put the expectation on hold for now

PLAN B

Solve the problem collaboratively

1. Empathy Step

Gather information from the **child** about what's hard about meeting the expectation

2. Define Adult Concerns Step

Identify **adult** concerns

3. Invitation Step

Collaborate on a **solution** that is realistic and mutually satisfactory

KEY COMPONENTS OF TRAUMA INFORMED CARE

- Emotional and physical safety
- Collaboration and mutuality
- Trustworthiness and transparency
- Empowerment and choice

THINGS WE CAN CHANGE: #8

Have more human moments

THINGS WE CAN CHANGE: #9

Emphasize evidence-based interventions, but...

THINGS WE CAN CHANGE: #10

Spend more time on the Lives in the Balance website

ADDITIONAL INFORMATION/RESOURCES



livesinthebalance.org