ASUP 2024
ASSESSMENT OF SKILLS AND UNSOLVED PROBLEMS

Collaborative & Proactive Solutions
THIS IS HOW PROBLEMS GET SOLVED

CHILD'S NAME: DATE:

NAMES OF CAREGIVERS COMPLETING THIS INSTRUMENT:

STEP 1: SKILLS

Whether neurotypical or neurodivergent, children communicate that they're having difficulty meeting expectations in diverse ways, including through their concerning behavior. This behavior is best conceived as a frustration or stress response, the nature of which is determined by a variety of factors, most especially certain skills related to flexibility/adaptability, frustration tolerance, problem solving, and emotion regulation. Some kids can demonstrate these skills under some conditions but not under other conditions.

This section is aimed at helping caregivers discuss those skills and the degree to which they may be impacting a particular child. Being aware of and considering the skills that may impact a child's capacity to handle life's problems and frustrations and meet various expectations helps caregivers move away from motivational explanations for concerning behavior (e.g. attention-seeking, manipulative, coercive, unmotivated) and toward a more compassionate, accurate understanding of such behavior. Note that these skills are not the primary focal point of intervention in the CPS model; the unsolved problems you'll be identifying in Step 2 will be the "targets" of intervention.

Please check off a skill if it's difficult for the child to access at times and appears to be making it difficult for the child to handle problems and frustrations and/ or meet certain expectations:

Maintain focus	Consider a range of solutions to problems	Regulate emotional response to problems and frustrations
Regulate activity level	Flexibly handle ambiguity, uncertainty	
Handle transitions, shift from one mindset to another	Shift from original idea, plan, or solution	Empathize with others, appreciate another person's perspective or point of view
Consider the likely outcomes or consequences of actions (impulse control)	Express concerns, needs, or thoughts in words or other means of communication	Interoception (ability to understand and feel what's going on inside their body)
Persist on challenging or tedious tasks	Understand what is being communicated by others	Tolerate and manage the sensory environment
Sense of time (time that has passed, time needed)	Appreciate how their actions affect others	

STEP 2: 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 the 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 ASUP Guide for guidance on 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 child 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?

List unsolved problems here:
(or on a separate sheet)

LIVES IN THE BALANCE

The **Assessment of Skills and Unsolved Problems (ASUP)** is a discussion guide created to assist caregivers in identifying the skills that may be making it difficult for a kid to respond adaptively to problems and frustrations, and the expectations the kid is having difficulty reliably meeting (called unsolved problems). Skills provide caregivers with new lenses. Identifying unsolved problems helps caregivers identify the targets for intervention, prioritize, and solve those problems proactively rather than reactively.

INSTRUCTIONS FOR IDENTIFYING **SKILLS:**

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

- Best to go in order… you don't want to miss anything.

- Don't spend time hypothesizing or theorizing about causal factors (why the student is struggling with these skills)...you can't establish cause with any level of precision, and your time will be better spent focusing on skills and unsolved problems.

- Don't spend any time talking about the child's concerning behavior either...the concerning behavior is simply the way children communicate that there are expectations they are having difficulty meeting.

- Checking off a skill is not a democratic process and shouldn't take more than 3-5 seconds each. If any caregivers in the meeting think the skill applies to the child, check it off.

- While skills provide you with more accurate, compassionate, productive lenses, they 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:**

Again, an unsolved problem is an expectation a child is having difficulty reliably meeting. Even if the child can meet the expectation sometimes and not others, it's still an unsolved problem. The prompts in the unsolved problems section will help you think of the different expectations the child is having difficulty meeting. You'll want to consider the prompts in order, and record as many unsolved problems as possible for that prompt before moving on to the next one. You don't need to write the same unsolved problem more than once, even if a later prompts brings to mind the same unsolved problem.

The wording of the unsolved problem 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. Poorly worded unsolved problems often make it difficult for a child to respond. As such, there are four guidelines for writing unsolved problems:

There should be no mention of the child's *concerning* behaviors.
Since you won't be talking with children about their concerning behavior, there's no need to include the concerning behavior in the wording of the unsolved problem. Instead, almost all unsolved problems begin with the word *Difficulty*, followed by a verb (a variety of verbs are shown in the examples below). So you wouldn't write *Screams and swears when trying to complete the word problems on the math homework*… instead you'd write *Difficulty completing the word problems on the math homework*.

There should be no mention of adult theories.
You wouldn't write *Difficulty writing the definitions to the spelling words in English because his parents were recently divorced*... just *Difficulty writing the definitions to the spelling words in English*.

They should be split, not clumped.
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*.

PROBLEM SOLVING PLAN

Collaborative & Proactive Solutions
THIS IS HOW PROBLEMS GET SOLVED

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 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:

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LIVES IN THE BALANCE

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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
- Don't 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 about why it's important that the expectation be met in the first Place .

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 unsolved problem is affecting the kid
- How the unsolved 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.

- Refer to the child's behavior.
- Refer to the adult's behavior/reaction after the expectation is not met.

③ INVITATION STEP | INGREDIENT/GOAL

Generate a solution that is 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 for us to do something about (one's party's concern) and also do something about the (other party's concern)." Do not refer back to the original unsolved problem.

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.
- A good solution is one that addresses the concerns of both parties. The solution may or may not meet the original expectation.
- 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?

DON'T

- Rush through this step either.
- Enter this step with preordained solutions.
- Sign off on a solution that both parties can't actually perform.
- Sign off on a solution that doesn't truly address the concerns of both parties.

LIVES IN THE BALANCE

REVJune 2024

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.

LIVES IN THE BALANCE

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

Collaborative & Proactive Solutions (CPS) is an evidence-based, trauma-informed, neurodiversity-affirming 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 psychiatric units, and residential and juvenile detention facilities, often with dramatic effect: significant improvements in behavior, enhancement of communication and relationships between kids and caregivers, and major reductions or total elimination of punitive, exclusionary disciplinary practices such as discipline referrals, suspensions, restraint, and seclusion.

CPS Basics: The approach is different from other approaches in some very important ways. First, it helps caregivers focus far less on a child's concerning behavior (and modifying it) and far more on the **problems** that are causing that behavior (and solving them). Second, the problem solving is **collaborative** (not unilateral), which means that the child is an integral and indispensable part of the problem-solving process. And third, the problem-solving is **proactive**, not reactive. These differences have major implications for whether adults are preventing crisis or merely managing them.

Why doesn't the CPS model focus on concerning behavior? Because a child's concerning behavior is just their frustration or stress response. It's the way kids communicate that they're having difficulty meeting certain expectations. In the CPS model, those unmet expectations are called "unsolved problems." The goal of intervention is to identify and solve those problems so they don't cause concerning behavior anymore. Why is it that detentions, suspensions, expulsions, paddling, restraints, seclusions, privilege loss, and other punitive, exclusionary procedures often don't improve behavior? Because those interventions don't solve any of the problems that are causing that behavior.

How are unsolved problems identified? Unsolved problems are identified using an instrument called the **Assessment of Skills and Unsolved Problems** (ASUP). Once the unsolved problems are identified they are highly predictable and can therefore be solved proactively. Information provided by the ASUP can be easily incorporated in FBAs, BIPs, and IEPs.

Where do skills fit in to this equation? Research in the neurosciences over the past 40-50 years tells us that certain skills are crucial to handling life's problems and frustrations: flexibility/adaptability, frustration tolerance, problem solving, and emotion regulation. That's important because, for a very long time, a lot of caregivers have believed that poor motivation is the cause of concerning behavior (which explains the popularity of motivational strategies aimed at reducing concerning behavior). There is no research telling us that poor motivation explains why kids respond poorly to problems and frustrations. There is a mountain of research pointing to skills as the primary contributor. So, characterizations such as attention-seeking, manipulative, coercive, limit-testing, and unmotivated are inaccurate. Beware: there are many models that claim to focus on "behavioral skills," but most of them are still focused on behavior and modifying it.

This is quite a shift! Let there be no doubt: focusing on problems, not behaviors, is huge. Solving those problems collaboratively, not unilaterally, is huge. And solving problems proactively, rather than in the heat of the moment, is huge. That last bit of huge helps caregivers finally start **preventing** crises rather than managing them. So many popular interventions – de-escalating, calming corners, taking a break (from a challenging task), using blocking pads, restraining, secluding – are actually crisis management tools. Remember, if a kid is starting to become escalated, you're already in crisis management mode. Contrary to what many millions of caregivers have been taught, **crisis prevention does not begin with de-escalation!** It begins with identifying and solving the problems that are causing kids to become escalated in the first place.

Is there research backing the effectiveness of the CPS model? Yes, quite a bit. As noted above, the model is recognized as evidence-based. You can find all the accumulated research on the Lives in the Balance website (www.livesinthebalance.org).

Where can I learn more?! The Lives in the Balance website has a ton of free resources, including streaming video, podcasts, all the paperwork of the CPS model, and lots more. And it's all free. You'll also find a variety of training options on the website (some of those are free too). We'd be happy to discuss your needs with you…just use the Contact form on the website.

**Scan QR Code
to visit our website**

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). Ischildhood 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

2013-14 DISCIPLINARY DATA

Most recent data for American Public Schools
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COUNTERPRODUCTIVE PRACTICES

5.4 MILLION
In or out of school suspensions

120,000
Expulsions

291,000
Referrals to law enforcement

80,000
Arrests at school

106,000
Uses of corporal punishment

122,000
Uses of restraint & seclusion

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