

■ DIFFERENCES & SIMILARITIES BETWEEN COLLABORATIVE PROBLEM SOLVING FROM THINK:KIDS AND DR. ROSS GREENE'S COLLABORATIVE & PROACTIVE SOLUTIONS FROM LIVES IN THE BALANCE

BACKGROUND:

Collaborative Problem Solving was originated by Dr. Ross Greene, and first appeared in published form in his book *The Explosive Child*. In 2008, Dr. Greene's employer, Massachusetts General Hospital (MGH) demanded that he relinquish his intellectual property to the hospital. Dr. Greene refused. MGH took legal action to prevent Dr. Greene from using "Collaborative Problem Solving" to refer to his model (though they had never contested his use of that name in the ten years prior). Legal proceedings related to this dispute lasted five years, and Dr. Greene was eventually forced to rename his model Collaborative & Proactive Solutions. MGH has been marketing a product called "Collaborative Problem Solving" – what we refer to here as CPS/TK -- without Dr. Greene's approval, since 2008 through its Think:Kids program, directed by Dr. Greene's former trainee, Stuart Ablon. Ablon had nothing to do with originating the Collaborative Problem Solving approach but has made significant changes to the model over the past 15 years.

WHAT IS COLLABORATIVE & PROACTIVE SOLUTIONS?

As noted above, Collaborative & Proactive Solutions is what Dr. Greene has been calling his model since 2013. As always, the model helps caregivers move away from focusing on concerning behaviors (and modifying them) and focus instead on proactively identifying and solving the problems that are causing those behaviors. Based on research that has accumulated over the past 40-50 years, it posits that concerning behavior is a "frustration response" that occurs because kids are struggling with the skills involved in adaptively handling problems and frustrations. The model also delineates a 3-step process for solving those problems collaboratively and proactively. CPS eschews the use of adult-imposed consequences, for such consequences cannot conceivably solve the problems that are causing concerning behaviors.

WHAT IS COLLABORATIVE PROBLEM SOLVING (CPS/TK)?

As noted above, "Collaborative Problem Solving" now refers to a product being marketed by the Think:Kids program at MGH. CPS/TK is based on an old rendition of the CPS model contained in the book *Treating Explosive Kids* (2004), written by Dr. Greene and "co-authored" by Ablon (who acknowledged in court documents that he wrote very little of the book). CPS-TK is, in many ways, quite a departure from the model described in that book.

DIFFERENCES AND SIMILARITIES BETWEEN THE TWO MODELS

A *Lives in the Balance* trainer participated in a Think:Kids training so as to ensure the accuracy of our description of the differences between the two programs.

Both programs use an assessment tool to identify skills (referred to as "lagging skills" in CPS/TK) and unsolved problems (referred to as "problems" in CPS/TK). The assessment tool of Collaborative & Proactive Solutions is the Assessment of Skills and Unsolved Problems (ASUP); the assessment tool of CPS-TK is called the Thinking Skills Inventory (TSI). The two instruments are quite different. The TSI does have caregivers listing kids' challenging behaviors, limits caregivers to 14 problems, and draws a causal connection between those problems and various skills that kids with challenging behaviors

are said to be lacking. As noted above, in Collaborative & Proactive Solutions, there is minimal focus on concerning behaviors, explicit guidance is provided for the wording of unsolved problems, information about the factors making it difficult for a kid to meet a given expectation are obtained exclusively from the kid during the problem-solving process, and no causal connection is made between skills and specific unsolved problems.

In CPS/TK, use of rewards and punishments are an option, especially if caregivers wish to teach kids basic lessons. In Collaborative & Proactive Solutions, adult-imposed consequences are not considered a viable intervention option. Again, this is because consequences don't solve any problems and because, once a problem is solved, there is no need for adult-imposed consequences. It is also because punishments -- and the failure to achieve an anticipated reward -- tend to cause concerning behaviors. As such, the costs of consequences tend to outweigh any benefits.

In both programs, there are three options for handling problems: Plan A involves solving a problem unilaterally, through imposition of adult will; Plan B involves solving a problem collaboratively; and Plan C involves removing an expectation, at least temporarily. There are significant differences between the two programs in how and when these options are used. In CPS/TK, Plan A is considered a viable option, including in the solving of problems. In Collaborative & Proactive Solutions, Plan A is used only for emergent, surprising safety issues and is not considered a useful or helpful long-term option.

The problem-solving process of Plan B involves three steps in both programs, but, once again, the process differs in many fundamental ways. For example, CPS/TK encourages caregivers to focus on "easy" problems first, encourages caregivers to begin thinking about solutions early in the problem-solving process, and has caregivers and kids brainstorming solutions. In Collaborative & Proactive Solutions, unsolved problems are prioritized based on safety, frequency, and/or gravity, solutions aren't considered until the concerns of both parties are identified, and solutions are considered one at a time, with each being evaluated based on whether it is realistic and mutually satisfactory. In CPS/TK, selecting from among potential solutions is accomplished by, according to CPS/TK trainers, "flipping a coin."

The use of Plan C in CPS/TK is not especially well-defined. In the CPS/TK training, trainers stated, "We can't tell you when to use Plan A or Plan C; we can recommend more Plan C than Plan A, but it all depends on the goal of your intervention." In Collaborative & Proactive Solutions, Plan C is used for prioritizing (so that caregivers aren't trying to solve all the unsolved problems at once), stabilizing (because some kids are so unstable that they need all expectations removed, at least temporarily), and expectation management (so that caregivers aren't placing expectations on kids that they know kids can't meet).

In CPS/TK, if a solution isn't working caregivers are encouraged to use Plan A or Plan C. In Collaborative & Proactive Solutions, if an initial solution doesn't work, caregivers are encouraged to revisit Plan B to determine why and to work toward a solution that is more realistic and mutually satisfactory.

WHAT IS THE EVIDENCE BASE FOR BOTH MODELS?

Both CPS/TK and Collaborative & Proactive Solutions are considered evidence-based by the California Clearinghouse. Collaborative & Proactive Solutions has the higher scientific rating (2, or supported by research evidence), whereas CPS/TK is rated as a 3 (promising research base). However, most of the research used to justify the rating of CPS/TK is Dr. Greene's early research on his model. Given the differences between CPS/TK and Dr. Greene's original model, we question whether that research is applicable to CPS/TK.

CAN THE TWO MODELS BE COMBINED?

Given the differences in countless aspects of the two programs, we believe efforts to combine the two would only result in significant confusion.