Seeing Behavior Challenges as Lagging Skills
An Update on Collaborative Problem Solving

by Mark Katz, PhD

WHY ARE CHALLENGING CHILDREN so challenging? Ross Greene, PhD, says the answer is simple: "They lack the skills not to be challenging." Experts in the field of child neuropsychology, including some leading ADHD researchers, have been saying much the same thing.

To effectively control our behavior, regulate our emotions, communicate our needs, think flexibly and get along socially, we call upon a number of different skills. Children delayed in these skills often struggle behaviorally, socially, and emotionally. To help them, says Greene, we need to start by seeing challenging behaviors through "a new set of lenses." His innovative Collaborative Problem Solving (CPS) model does just that.

The CPS approach, first highlighted in this column in October 2006, has helped countless parents, teachers, school administrators, and healthcare professionals learn to see a host of challenging behaviors through a new set of lenses. This is a necessary first step, says Greene, in successfully implementing CPS's many other unique and innovative components.

Once lagging skills are successfully identified, CPS practitioners turn their sights to how they impact a child's ability to meet everyday demands. For it is when everyday demands outweigh existing skills that challenging behaviors are set in motion, ranging from benign to extreme. Some children whine, some explode in fits of rage. Greene chooses not to describe behavioral reactions in diagnostic terms. Instead, they're merely somewhere on what he call the "spectrum of looking bad," a continuum of behaviors all human beings exhibit when they are not able to look good.

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Wherever they lie on the spectrum, challenging behaviors relate directly to unsolved problems, like completing homework, completing assignments at school, or handling disappointment when you lose at a game. For some children, Greene observes, as few as two or three unsolved problems can account for seventy to eighty percent of their challenging episodes. He developed a one-page assessment and intervention guide, known as the ALSUP, or Assessment of Lagging Skills and Unsolved Problems to help identify lagging skills and unsolved problems.



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Three common approaches to handling challenging behaviors

Adults have three options for resolving unsolved problems with children: Plan A, Plan B, and Plan C. Plan A involves solving problems unilaterally, usually through imposition of adult will, often with adult-imposed consequences attached ("You'll do it my way and that's it"; "I'll count to three—1, 2, 3"). For children with lagging skills, Plan A can actually precipitate challenging behavior by further aggravating problems rather than resolving them. Indeed, it often results in an adult-child power struggle. Plan B involves solving problems collaboratively and is where CPS practitioners spend the bulk of their time with children. Plan C requires dropping an unsolved problem for now, because we're working on a much higher priority issue at the moment.

Solving problems collaboratively, or Plan B, involves three steps (or ingredients): 1) Empathy, 2) Define the Problem, and 3) Invitation. The goal of the Empathy step is information gathering, but in a very nonjudgmental or neutral way; solutions come later. Adults first have to be very good listeners, so they can understand a child's concern in the clearest and most accurate way possible. If we're doing the Empathy step well, a child should feel heard. Next comes the Define the Problem step, when the adult's concern is entered into consideration. Time is taken to ensure that it's clarified, heard, and understood. Up to this point there has been no talk of solutions, just two concerns about an unsolved problem yet to be resolved. It's in the third step, the Invitation, that solutions are discussed in a brainstorming process designed to address the two concerns.

A solution is not reached in CPS until both the adult and the child agree that the solution is acceptable. Among its many other innovative features, CPS not only focuses on a child's concerns, but on the adults' concerns as well. Whether it's a parent, teacher, or staff member in a residential treatment center, the process requires that the adult and the child arrive at a mutually agreed-upon solution to an unsolved problem. "It takes two to tango," says Greene. Many treatment strategies focus on a child's problem, separate from the impact it might be having on the important adults in the child's life. CPS places the focus on a relationship. And when mutually satisfactory solutions are reached, a relationship can grow even stronger than it already is.

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Another distinguishing feature of CPS is that it works directly on important and predictable unsolved problems. It makes the process clear, focused, and meaningful, both to the child and to the adult. Another benefit is that children receive a lot of practice in learning how to listen, how to understand the perspective of others, and to see how their behavior impacts those to whom they feel connected. Adults get a lot of practice in these skills as well. And when adults and children continually engage in Plan B resolutions of unsolved problems, children's lagging skills grow stronger. Rather than focusing directly on improving lagging skills in hopes of resolving unsolved problems, CPS practitioners work on successfully resolving unsolved problems collaboratively, which in turn serves indirectly to improve lagging skills.

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How do we know when CPS is working? Several ways, according to Greene. A child begins to engage in Plan B openly and starts to talk about meaningful information related to personal concerns. Trust is increasing and the relationship feels like it's growing stronger. Unsolved problems are being resolved, and their number is decreasing. Slowly but surely, lagging skills are also being trained. And the adult engaged in the CPS process is more optimistic about better days down the road.

Lives in the Balance

Greene founded Lives in the Balance, a nonprofit organization that provides free web-based resources to parents, teachers, clinicians, and others to help them understand children prone to behavioral challenges through this new set of lenses. Visitors to the site can learn about CPS in impressive detail through articles, training handouts, streaming videos of an actual full-day training on CPS conducted by Greene, and streaming videos of CPS in action in real-life vignettes.

They can also access a listening library that contains recorded archives from the three weekly web-based radio programs Greene conducts. One focuses primarily on applying CPS at home, a second on its application at school, and a third for implementing the model in restrictive therapeutic facilities. Dates and times of upcoming radio broadcasts are also listed for those wishing to call in live. Among its many other features, the website also provides an advocacy



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component, where individuals wishing to communicate with adults whom they feel could benefit from learning about CPS can, for a fee, send those adults an anonymous package of materials explaining the CPS process. Visit livesinthebalance.org to learn more.

CPS and Response to Intervention

Rather than waiting for struggling children to fail before determining whether they qualify for special education services, Response to Intervention (RtI) is designed to identify the earliest signs of an academic or behavioral problem and to provide evidence-based interventions that can strengthen skills and resolve behavioral challenges before they grow more serious. Unique to this paradigm is its ongoing (formative) assessment process known as progress monitoring, which provides a continuous picture of a child's "response to intervention."

If interventions are successful they can either be continued or faded out. If unsuccessful, more intensive interventions can be implemented, and again monitored closely to determine their effectiveness. This represents a significant departure from how children have traditionally qualified for additional help for learning, behavior, social, or emotional difficulties. No longer do children have to fail repeatedly before help is forthcoming.

For those addressing challenging behaviors within an RtI paradigm, Greene believes that CPS can be a very helpful tool for children who show early warning signs of more serious problems. In school, challenging behaviors are not often viewed as a function of lagging skills. But by seeing the behaviors through "new lenses" as a function of lagging skills, we incorporate experiences in the struggling child's life that can help him or her improve lagging skills. "Our explanation guides our intervention," says Greene. CPS may have an important role to play in preventing and reducing challenging behaviors among school-age children, but successfully implementing it in schools may require that we treat challenging behaviors more like we treat learning disabilities, more as a function of specific skill deficits needing to be strengthened.

In addition to previously conducted studies, several large-scale independent studies of the effectiveness of CPS are currently underway. These include a five-year NIMH-funded study at the Virginia Tech Child Study Center and a large-scale study involving twelve public schools in Maine (funded by the Maine Juvenile Justice Advisory Group).

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