

## Chapter Fifteen

### Collaborative Problem Solving for Youth

#### What It Is

This intervention was developed from a cognitive behavioral therapy (CBT) perspective. The specific intervention is found in *The Explosive Child* by Ross W. Greene (2001).<sup>1</sup> Dr. Greene believes that children do well if they can (not only if they want to). This is a very strengths-based approach. The main assumptions of this theory are that these children do not choose to be explosive and noncompliant, any more than a child would choose to have a reading disability, but are delayed in the process of developing the skills that are critical to being flexible and tolerating frustration (or have significant difficulty applying these skills when they most need to).

The intervention focuses less on consequences and more on collaboration and communication. It teaches both children and key adults to anticipate situations that may create an “explosion,” thus reduces arguments and hostility between adults and children. Even if a child does not have a firm diagnosis of Bipolar Disorder, this theory teaches many useful skills that may still be applied to manage behavior concerns.

It is important to note that this approach differs from current behavioral modification by focusing on intervening prior to a meltdown rather than on consequence for negative behaviors on the back end of an explosive event. Greene theorizes that a child's IQ drops dra-

matically during an explosive event. Thus the child's cognition of the event is skewed. The child's ability to apply knowledge of a previous event and lessons learned from it to a new event may be beyond the executive functioning skills of the inflexible child.

It is also important to note that although this process can teach many important skills, psychopharmacology is typically necessary to help the child get to a place where they CAN learn the necessary skills. This is especially true for children diagnosed with Bipolar disorder.

#### Goals of Therapy

The main goals of this theory are to 1) decrease adversarial interactions between explosive children and the adults who strive to ensure their well-being at home and school; 2) reduce family hostility; 3) improve the child's capacities for flexibility, frustration tolerance, communication, problem solving, conflict resolution, self regulation, and encourage the child to pursue adult expectations and 4), to educate and empower key adults to teach the skills of flexibility and frustration tolerance, while remaining the authority figures. In summary, the goal of treatment is to improve compatibility between the child and his or her environment. This differs from the traditional “fix the problem” or “fix the child” approaches.

An additional important concept is that of the role of a “surrogate frontal lobe” by key adult caregivers. Because inflexible children have deficits in their frontal lobe functioning, key adults may need to play this role for them. In taking on this role, key adults often build perspective and empathy for their child and help teach children how to problem solve more independently and overcome some of these deficits. This also promotes the child learn-

ing and using these skills for themselves. The tool, “Role of surrogate Frontal Lobe” contains examples of how a parent may play this role for their child.

Dr. Greene defines explosive behavior as a “meltdown.” A meltdown occurs when a child decompensates because the cognitive demands put on them are greater than they can manage. This explosive behavior may also be defined as the byproduct of “incompatibility” between characteristics of a child and those of his environment. CPS theory contends that meltdowns are 99.9 percent predictable if the “when, where and with whom” of the behaviors occur are identified and targeted for intervention.<sup>1</sup>

The CPS approach requires involvement of key adults in environment (who also learn the skills). However, the collaborative problem solving method will not work if key adults are not able to follow through with practicing the skills with their child, if they are inflexible themselves, or do not understand the required skills. Therefore interventions that promote the vestment of parents in treatment are essential to increase the likelihood that CPS will be successful in helping children and their families.

## How to Do it

Collaborative problem solving has three major components geared toward stabilizing the child and reducing meltdowns. The clinician first conducts an in-depth assessment to understand the pathways that lead to the child’s inflexibility. Next the clinician conducts a situational assessment to identify the “when, where and with whom” the meltdowns occur. This helps key adults create a “user friendly” environment for the child. The third step is to teach the lacking skills (e.g., flexibility, frustration tolerance and the “baskets” approach). This

helps key adults to take the time to learn these components, and eventually to teach them to other adults that may be helpful for the child (teachers, family members, other caregivers).

### *Step One: Understand the Pathways that lead to the child’s inflexibility*

When implementing this theory, one may begin by answering the question, “What’s this kid’s deal?” and identify any incompatibilities between the child and her environment. Differential diagnosis is not the primary goal but rather to identify the pathways that lead to incompatibility and formulate specific interventions to increase compatibility.

Also, intervening before the question “What’s this kids deal?” has been answered, is likely to be counterproductive. An assessment simply aimed at determining whether a child qualifies for special education is typically too narrow in scope. The central goal is to achieve a consensus, and to keep the emphasis on a “functional analysis of cognition.”

A useful tool to help with assessing the child’s “Pathways” leading to inflexibility is the “Pathways Checklist” developed by Ablon and Greene.<sup>2</sup> This checklist organizes the assessment into six domains from which to think about the child’s ability to deal with frustration and possible triggers to meltdowns. Those domains are: Executive Functioning Skills, Social Skills, Language Processing Skills, Emotion Regulation, Cognitive Flexibility and Adaptability, and Sensory Integration. This tool helps the clinician and key adults understand what processes may be making it hard for the youth to successfully meet and deal with frustrating events and further clarifies the difference from thinking of the child as “willful,” “manipulating or gamey” and “needy” to having real

deficits in their repertoire of responses to a changing environment.

Persons with sufficient expertise must conduct the assessments. Although many of these behaviors may lead to a bipolar diagnosis, this approach is not limited to children with Bipolar disorder, and works well with children with a variety of behavioral disturbances.

A fairly comprehensive list of assessment components is included in the Toolbox.

### *Step Two: Conduct a Situational Analysis*

A situational analysis is an informal assessment that may be conducted by key adults, caregivers, teachers or professionals. It asks the questions of with whom, where, when and in response to what stimuli is the child exploding? By making these observations, adults can begin to recognize patterns of what a child cannot handle and under what circumstances he's being asked to handle it.

A situational analysis includes the following questions:

- Is this child triggered by specific people (mother, father, sibling, teacher, peer)?
- Is this child triggered by particular settings or times [home (mornings, mealtime, bedtime), school (bus, recess, lunch), crowded or loud places (grocery store, shopping mall)]?
- Is this child triggered by certain tasks (reading, writing, homework, playing games)?

By identifying these triggers, clinicians and key adults can now look into possible solutions for preventing explosions. For example, if the child has trouble with writing, are there physical limitations that are making it more challenging for him? If the child has more trouble

in the morning, would establishing a consistent routine or changing bedtime be helpful? According to this theory, meltdowns are 99.9 percent predictable. Again, identifying the above triggers is the first step in finding solutions.

After doing the situational assessment, key adults should have a list of predictable explosions.

### *Step Three: Teach Collaborative Problem Solving Skills and When To Use Them*

The central intervention in CPS is teaching key adults to categorize problems into three categories to help them decide how they want to approach children's problems and unmet needs. The caregiver will respond differently to situations depending on which category the problem fits in to.

Greene calls the categories "baskets." The goals achieved by each basket are to pursue expectations, reduce meltdowns, and teach skills.

***Basket A: Impose adult will.*** This basket is used when there are safety issues. There are three rules to follow with basket A:

- 1) The issue must be important enough to induce and ensure meltdowns over.
- 2) The child must be capable of successfully showing the desired behavior on a regular basis.
- 3) The adult must be willing and enable to enforce his or her wishes. The adult says: "No, you must," or "No, you can't."

***Basket B: Work on the kid's "deal"/improve compatibility/teaching lacking skills/create new "road maps"/collaborative problem-solving/"work it out"***

The adult uses empathy/reassurance, frames the problem, and invites the child to help find a solution.

The hardest part of collaborative problem solving is successful execution of Basket B. This takes cooperation on parts of both the child and adult. The adult role in Basket B is to be the “surrogate frontal lobe” for the child. One may achieve this by using empathy or reflective listening. This is neither a “yes” nor “no,” but communicates understanding. Reassurance may also be used to keep the child (and you) calm. (For example, “I’m not saying no.”) The problem must be framed in a way that facilitates a mutually satisfactory resolution. All invitations start with “Let’s...” (e. g., “Let’s find a way to work that out.”).

**Basket C: Drop it (for now, at least).** This concept may be defined as “pick and choose your battles.”

The adult’s action is to ignore the behavior.

After doing the situational assessment, key adults should have a list of predictable explosions. In learning this theory, it may be useful for key adults to describe some examples of specific situations and discuss what basket they would place that problem in. This type of practice will help clarify what basket to use. It is also important that each caregiver agrees on what baskets to use and when. This type of consistency is very important in implementing the theory.

The next recommended step is that key adults role-play some possible situations and how they may respond to them before trying it out with their child. Key adults can role play in a session with the therapist and at home with one another, then slowly begin to try the theory at home with their child. These trials can be processed at the next session until the parent feels comfortable using these strategies.

The following list of mantras may be useful:

*Front-End Mantra:*

“Is this unmet expectation in Basket A, Basket B, Basket C?”

*Another Mantra:*

“Even if you handle an unmet expectation in Basket A the first time you deal with it, you’ll probably need to put it in Basket B if it persists.”

*Yet Another Mantra*

“Any unmet expectation that can be handled in Basket A can also be handled in Basket B.”

The collaborative problem solving approach may be taught to all important adults in a child’s life. For example, a parent may want to schedule a meeting with their child’s teacher and share information about what has been useful in reducing meltdowns and what they have identified as triggers. By involving as many people as possible in this process, the child will have more success in multiple arenas of his life. These skills can then be transferred to a variety of settings such as school, day care, and in community activities.

For more information on collaborative problem solving, refer to *The Explosive Child*, Ross W. Greene. This book is useful for key adults, teachers, and professionals.

## References

1. Greene RW: *The Explosive Child*. Harper Collins, New York, 2001.
2. Ablon JS, Greene RW: *Explosive/Noncompliant Children and Adolescents: Implementing Collaborative Problem Solving*. Boston, CPS Institute. 2003.