

Collaborative Problem Solving (CPS) in a Nutshell

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CPS (Collaborative Problem Solving) by Ross Green consists of three steps:

1. Empathy Step - The first step is to gather information so as to achieve the clearest understanding of the kid's concern or perspective about a given unsolved problem (such as completion of homework or chores, sibling or peer interactions, teeth brushing, screen time, diet, curfew, and so forth) and issue an empathy statement.
2. Define the Problem Step - the second step is to enter into consideration adult concerns on the same unsolved problem while also leaving the situation open to the idea that both parties can find middle ground.
3. Negotiation or Mutually Agreeable Solution Step – The third step involves having child and adult brainstorm solutions so as to arrive at a plan of action that is both realistic and mutually satisfactory... in other words, a solution that addresses both concerns.

When are challenging kids challenging?

When the demands or expectations being placed upon them exceed the skills that they have to respond adaptively. Of course, that's when everyone looks bad: when they're lacking the skills to look good. For example, if a particular homework assignment demands skills that a kid is lacking, then that homework assignment is likely to set in motion challenging behavior. If participating appropriately in circle time at school demands skills that a kid is lacking, then the likelihood of challenging behavior is heightened when the kid is supposed to be sitting in circle time. Naturally, if the kid could complete the homework assignment and participate in circle time appropriately, he would complete the homework assignment and sit in circle time appropriately. Thus, an important goal is to identify the skills a challenging kid is lacking. An even more important goal is to identify the specific conditions or situations in which a challenging behavior is occurring in a particular challenging kid. In Dr. Greene's model, these conditions are referred to as unsolved problems and they tend to be highly predictable. Identifying lagging skills and unsolved problems is accomplished through use of an instrument called the *Assessment of Lagging Skills and Unsolved Problems* (ALSUP).

What behaviors do challenging kids exhibit when they don't have the skills to respond adaptively to certain demands?

Challenging kids let us know they're struggling to meet demands and expectations in some fairly common ways: whining, pouting, sulking, withdrawing, crying, screaming, swearing, hitting, spitting, kicking, throwing, breaking, lying, stealing, and so forth. But what a kid does when he's having trouble meeting demands and expectations isn't the most important part (though it may feel that way). Why and when s/he's doing these things are much more important.

What should we be doing differently to help these kids better than we're helping them now?

When kids don't meet our adult expectations, we need a plan. CPS makes explicit that we really only have three options for how to respond to problems with kids. In CPS, we refer to these as your three Plans: Plan A, Plan B and Plan C.

Most often, we adults try to impose our will (in CPS, this is referred to as Plan A) to make a child meet our expectations. Plan A is very popular because we have good expectations for kids, but pursuing those expectations using Plan A also greatly heightens the likelihood of challenging behavior in challenging kids. That's because dealing adaptively with Plan A – having someone else impose their will upon you – requires a variety of skills that challenging kids lack. So Plan A not only often causes challenging behavior,

but it does not teach the skills challenging kids lack. Worse yet, Plan A interferes with the teaching of those skills since it tends to get in the way of developing a helping relationship that is crucial to teaching skills.

Plan C is when we adults decide to drop an expectation, at least for now. A common misconception is that Plan C is "giving in." Giving in is when adults try to address a problem or unmet expectation using Plan A and then proceed to drop the expectation when they can't impose their will or the child responds poorly. Plan C, on the other contrary, is being strategic. You can't work on all problems all at once. Plan C is a way of prioritizing (i.e., treatment planning) and deciding what you want to address first. By putting some problems or unmet expectations on the "back burner" while addressing problems that are of a higher priority, some challenging behaviors are reduced. We adults are still in charge when using Plan C because we are the ones deciding what to address and what to drop for now.

Finally, Plan B is the heart of CPS when adults work together with kids to solve problems in mutually satisfactory and realistic ways. Plan B involves four basic steps. The first step is to identify and understand the child's concern about the problem to be solved and reassure him or her that imposition of adult will is not how the problem will be resolved. The second step is to identify and share the adults' concerns about the same issue. The third step is where the child is invited to brainstorm solutions together with the adult. The fourth and final step is where the child and adult work together to assess potential solutions and choose one that is both realistic and mutually satisfactory. Most problems aren't solved in a single Plan B discussion, and Plan B usually feels like slogging through mud in the beginning, but the continuous use of Plan B helps solve problems that are precipitating challenging behavior in a durable way while building helping relationships, thinking skills, intrinsic motivation and confidence.

Resources

Greene, R. W. (2014). *The explosive child: A new approach for understanding and parenting easily frustrated, "chronically inflexible" children* (Revised 5th edition). New York: HarperCollins.

Greene, R.W. (2009). *Lost at school: Why our kids with behavioral challenges are falling through the cracks and how we can help them* (Revised 2nd edition). New York: Scribner.

Regan, K. (2006). *Opening our arms: Helping troubled kids do well*. Boulder, CO: Bull Publishing.

Supporting Research

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. (2014). Parent Management Training (PMT) and Collaborative & Proactive Solutions* (CPS) in the treatment of oppositional defiant disorder in youth: A randomized control trial. *Journal of Clinical Child and Adolescent Psychology*, in press.

Dunsmore, J.C., Booker, J.A., Ollendick, T.H., & Greene, R.W. (2014). Emotional socialization in the context of risk and psychopathology: Maternal emotion coaching predicts better treatment outcomes for emotional labile children with oppositional defiant disorder. *Social Development*, in press.

Dunsmore, J.C., Booker, J.A., Atzaba-Poria, N., Greene, R.W., & Ollendick, T.H. (2014). Emotion-related processes of change in treatment for children with oppositional defiant disorder, under review.

Booker, J.A., Ollendick, T.H., Dunsmore, J.C., & Greene, R.W. (2014). Parent-child relations, conduct problems, and clinical improvement following the treatment of oppositional defiant disorder, under review.

Greene, R.W., & Fraire, M. (2014). Effectiveness of Collaborative & Proactive Solutions* in helping behaviorally challenging students: Findings from five public schools in Maine, under review.

Kosmos, K., Payson Hays, S., Ozer, E., Greene, R.W., & Lopes, V. (2014). Targeting teacher efficacy to address the social-behavioral functioning of challenging students, under review.