

**Explosive/Noncompliant Children and Adolescents
Using the Collaborative Problem Solving (CPS) Approach
By Ross Greene, author of *The Explosive Child*
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Overview

A common perspective people have of explosive and non-compliant children is that they lack motivation to change, have learned that their behavior gets attention and continue it, have been traumatized somewhere in their life, and/or their parents have poor parenting skills. I agree completely with Dr. Greene's perspective that if a child could change, a child would change and that motivation, learned behavior, past experience and parenting may contribute to the problem, but are not the sole cause of the explosive nature of the child.

Just as some children have learning disabilities in the area of math, expressive/receptive language and writing, these children are learning disabled in terms of their flexibility, adaptability and frustration tolerance. Children need to be taught the life skills to manage these issues, just as a child with any other LD.

The CPS program teaches the skills of flexibility and frustration tolerance to these children, while maintaining adults as the authority figure. We also give parents, teachers, and other support members the tools to work with children who tend to be explosive.

Two basic beliefs of the CPS model are:

1. Children do well if they can
2. Your explanation of the behavior guides your intervention

Key principles in the CPS approach:

Collaborative Problem Solving (CPS) was first described as a treatment model for children with social, emotional, and behavioral challenges. However, the model is equally applicable to a wide range of situations.

The model has two basic principles:

1. first, that these challenges are best understood as the byproduct of lagging cognitive skills (rather than, for example, as attention-seeking, manipulative, limit-testing, or a sign of poor motivation); and second,
2. that these challenges are best addressed by teaching children the skills they lack (rather than through reward and punishment programs and intensive imposition of adult will).

While challenging kids let us know they're struggling in some fairly common ways (screaming, swearing, defying, hitting, spitting, throwing things, breaking things, crying, withdrawing, et al), they are quite unique as individuals when it comes to the mix of lagging cognitive skills that set the stage for these behaviors. This means that prior to focusing on the teaching of cognitive skills we must first identify the skills that are lagging in each individual child. The "Pathways Inventory" provides a comprehensive (but general) list of the skills that are usually involved.

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The teaching of these skills may be accomplished in a variety of ways, but primarily through helping children and their adult caretakers learn to resolve disagreements and disputes in a collaborative, mutually satisfactory manner. This approach involves three basic steps:

1. The first step is to identify and understand the child's concern about a given issue (such as completion of homework or chores, sibling or peer interactions, and going to school) and reassure him or her that imposition of adult will is not how the problem will be resolved (this first step is called *Empathy/Reassurance*).
2. The second step is to identify the adults' concerns on the same issue. This is called the *Define the Problem* step. In the CPS model, a problem is defined simply as *two concerns that have yet to be reconciled*.
3. The third step is the *Invitation*; and is where the child is invited to brainstorm solutions together with the adult, with the ultimate goal of agreeing on a plan of action that is both realistic and mutually satisfactory.

Collaboratively resolving problems with children isn't necessarily complicated, but it is something most people may not have too much experience with. Most of us have been taught through modeling or other professionals that imposing adult will is the only way to gain respect and get what you want. With the CPS model parents maintain authority, gain respect and get what they want – without causing a meltdown! Figuring out what skills a child is lacking can be a bit more complicated, especially if one is unfamiliar with the skills involved.

However, because CPS represents a bit of a departure from the conventional wisdom, many people have many misconceptions about the model. For example, a common misconception is that implementing CPS means that adults must eliminate all of their expectations. The model doesn't promote that at all. Some people think we are simply making excuses for the child. Again this is not true at all. The CPS model includes understanding a child's challenges and helping him or her overcome these challenges. A large misconception is that adults no longer have the authority to set limits. The CPS model gives back the authority and control to the adults but in a way that's a little different and probably a lot more effective than what people might be used to.

Basics of the CPS model

- ❖ ODD (Oppositional Defiant Disorder) rarely occurs outside the presence of other disorders (co-morbid). These other disorders set in motion the cognitive skill deficits that contribute to the development of ODD.
- ❖ ODD in many children may be understood as a failure to progress developmentally, rather than as a goal-oriented form of behavior.
- ❖ Compliance is a cognitive skill requiring:
 1. Executive skills
 2. Problem solving skills
 3. Rapid, efficient, flexible processing
 4. Social skills such as perspective taking
 5. Language skills
 6. Modulation of affect
 7. Capacity to "see the grays."

- ❖ Based on the Transactional/reciprocal model of development, the following is believed:

1. Definition of a meltdown: A meltdown occurs when the cognitive demands being placed upon a person outstrip the person's capacity to respond adaptively.
 2. Goals of treatment: Improve compatibility. This is a departure from "fix the problem child" and "fix the problem adult" approaches.
 3. Good parenting: Be responsive to the hand you have been dealt.
 4. Good teaching: Be responsive to the needs of individual students and the needs of the larger group (community).
- ❖ Important considerations not included in other models:
1. Emphasis is on the antecedents (events that precede or fuel explosive episodes) rather than consequences (events that occur following explosive episodes.)
 2. Emphasis on cognition rather than behavior, description rather than diagnosis.
 3. Emphasis on the situational specificity of explosive behavior, which facilitates anticipation of problem circumstances and provides clues regarding areas of incompatibility.
 4. Emphasis on the graduated, progressive training and shaping of cognitive skills.
 5. Emphasis on the possible neuro-bio-chemical underpinnings of noncompliant behavior.
- ❖ Emphasis on the events that precede the noncompliant behavior (antecedents) include looking at what can we do **after** the child explodes to reduce the likelihood of future explosions.
- ❖ This emphasis also evaluates what can we do **before** the child explodes to reduce the likelihood of future explosions?

Pathways to explosiveness and inflexibility

Language Processing Impairments

Most of the thinking and communicating performed by humans involves language. The development of language skills sets the stage for categorizing, communicating, and managing our emotions; problem-solving and goal setting; receipt of and/or expressing language may be compromised in these crucial domains, setting the stage for difficulties related to inflexibility and poor tolerance for frustration.

Irritability and Mood Instability

Some children are chronically irritable, cranky, grouchy, agitated, and fatigued, and react to even minor problems and frustrations as if they were major obstacles. This state of being may "fuel" explosive/noncompliant pattern of responding to the world, delay the development of adaptive responding to frustration, and make it very difficult to respond to life's routine frustrations in an advantageous, rational manner.

Anxiety / Obsessiveness

Severe anxiety has the potential to make rational thought much more difficult. It is when we are severely anxious about something that coherent thought is most critical. Some children become so anxious that it becomes very difficult for them to think clearly and rationally. In such instances, many of these children cry or withdraw, but a substantial number of them also explode. A specific form of anxiety, obsessiveness, may make flexible thinking and shifting set particularly difficult.

Concrete, rigid, black and white, literal thinking

Nonverbal learning disability refers to a syndrome in which children have poorer non-verbal as compared to verbal skills; poor mathematical skills; difficulty comprehending reading material despite good skills at reading single words; poor non-verbal memory and visual perceptions; significant difficulty on tasks or in situations requiring problem-solving, flexibility, and adaptability (especially in response to abstract, novel, or unfamiliar stimuli); and difficulties in social perception, social judgment, and social interaction skills. Children who evidence this syndrome tend to be strong at learning rote material but tend to approach the world in an overly rigid, concrete, rote manner. Unfortunately, social interactions and problem solving require a high level of flexibility and adaptability rather than rote application of concrete skills. Children with non-verbal learning disability often try to apply “black and white” rules to a “gray” world. Not surprisingly, many children diagnosed with Asperger’s disorder are also diagnosed with nonverbal learning disability.

Sensory Issues

In addition to helping us sort through our thoughts, the central nervous system is also important for helping us screen, sort out, and respond to (i.e. integrate) the barrage of sensory information from the external environment. Some children have difficulty integrating various sensory systems such as touch, movement, body awareness, sight, sound, and the pull of gravity. Children who are under-reactive to these sensations may fluctuate between under and over-responsiveness to stimuli. Whereas children who are overly sensitive to these sensations may avoid certain clothes and textures, over-react to loud noises, and react poorly to seemingly routine movements.

Cognitive distortions and deficiencies

It is helpful to determine:

- ❖ What is going on in the child’s head that we wish wasn’t (distortions)?
- ❖ What is not going on in the child’s head that we wish was (deficiencies)?

ADHD

1. Difficulty shifting cognitive set
2. Difficulty with time and sequencing
3. Disorganized thinking
4. Impulsive, non-reflective thinking
5. Poor working memory

Language Processing

1. Poor categorizing and labeling of affective states
2. Difficulty communicating one's needs or problems
3. Poor language-based problem solving skills
4. Difficulty engaging in linguistic give and take
5. Difficulty comprehending linguistic feedback

Social Impairment

1. Difficulty recognizing the impact of one's behavior on others
2. Inaccurate interpretation of social cues
3. Poor repertoire of social responses
4. Poor self-awareness, poor or inaccurate self-perception

Situational specificity

Questions to ask are:

- ❖ Who, where, when, and in response to what stimuli is the child exploding?
- ❖ What does that tell us about what he can't handle yet and under what circumstances he is being asked to handle it?

Specifically, look at:

- ❖ Individuals (mother, father, sibling, peer, teacher, coach)
- ❖ Settings (home, school, soccer games, Cub Scout meetings, play dates)
- ❖ Tasks (reading, writing, homework, playing Nintendo, getting ready for school in the morning, getting ready for bed at night)
- ❖ Time of the day (early in the morning, upon arriving home from school, when his medicine wears off, during family meals, when bored, at bedtime).

Goals

The goals of the CPS model are:

1. Reduce meltdowns
2. Adults pursue their expectations for their children
3. Teach lacking thinking skills

How do you want to approach your unmet expectations? Is what you are doing working? This is the critical area where you decide what issues will be planned: Plan A, Plan B, or Plan C."

Plans

Plan A

- ❖ Impose adult will
- ❖ Sounds like "No, you must do what I say!"
- ❖ After imposing your will, the child "did what I said."

Plan B

- ❖ Work on the child's deal.
- ❖ Improve compatibility
- ❖ Teach lacking skills
- ❖ Create new "roadmaps"
- ❖ Collaborative problem solving
- ❖ Work it out
- ❖ Adult uses empathy and invitations

Plan C

- ❖ Drop it (for now, at least)
- ❖ Adult chooses to not bring the issue up.

Parents and educators need to:

1. Ask themselves: Is this behavior in Plan A, Plan B, or Plan C?
2. Be aware that even if a behavior is in Plan A the first time you observe it, you will need to put it in "Plan B" if you want to change it.

Most of the effort is in learning and teaching Plan B where we collaboratively solve problems with the child. There are three steps to Plan B

1. Empathy and reassurance
2. Definition of the problem
3. Invitation

Empathy

Using the skills of empathy you let the child know that you hear what they are saying. This tends to keep everyone calm by acknowledging the emotions yet putting the feelings to the side so everyone can think clearly. It is in this step that the child's concern is put on the table. It is also necessary to reassure the child you are not saying "no."

Definition of the problem

In this step the adults concern is put on the table. We view the "problem" as two concerns that have not yet been reconciled. Plan B is the only plan that has two concerns on the table.

Invitation

In the invitation step we let the child know that you are going to solve the problem with them and not do something to him. It starts with "Let's see if we can make it easier for both of us." You let the child come up with the first potential solution to assure him that you are not doing plan A – imposing your will. The potential solution needs to address both concerns, be doable, and realistic.