Collaborative and Proactive Solutions: 
The Role of the Pediatrician and Family Physician in Helping Families with Kids with Concerning Behaviors

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Collaborative And Proactive Solutions for the Physician
What will we discuss?

• Welcome and introductions
• An approach to behavior (that isn’t focused on behavior)
• This kid walks into your office……
• What you can do in 10 minutes
• What you can do in an hour
• Addressing myths and pushback
• Questions and Answers
The Root of All Behavior

• Concerning behavior is the means by which children communicate that there are expectations they are having difficulty meeting. These “unmet expectations” are referred to as “unsolved problems.”

• Kids meeting expectations? Awesome. Those kids’ caregivers aren’t complaining about their behavior.

• Kids not meeting expectations? Now we have a (unsolved) problem! What can we do about it?

• Begin by helping caregivers with their lenses
Old Lenses

Manipulative
Attention Seeking
Coercive
Unmotivated
Limit-testing

Behavior Modification

New Lenses

Lagging skills are making it difficult for the child to respond adaptively to problems and frustrations

Unsolved problems are the expectations the child is having difficulty meeting

Identify and solve problems collaboratively and proactively

These ARE different lenses!
Solving Problems

Collaborative and Proactive Solutions (CPS)

• Plan A: Solve the problem unilaterally
• Plan B: Solve the problem collaboratively
• Plan C: Set the problem aside for now (prioritizing/stabilizing)
Solving Problems

Collaborative and Proactive Solutions (CPS)

- Plan B - Solve problems collaboratively and proactively

The steps:
1. Empathy step
2. Define Adult Concerns step
3. Invitation step
So This Kid Walks Into Your Office…. (or shows up on your screen)

• 7 yo boy with mom. Parents separated 2 years ago, spends q other w/e with dad. Has 5 year old sister (“polar opposite”).

• Otherwise healthy

• Family history of ADHD (dad), depression (mom)

• School called mom, concerned about:
  • work refusal - “defiant” of authority
  • easily upset - classroom evacuated recently with a meltdown
  • fidgety - “needs to get checked out for ADHD”
  • not many friends - “bossy” and “manipulative”
  • Academics are poor, EA helps with behavior and “token reward system” is in place.

• Mom has noticed same at home + does not sleep, big meltdowns related to screen time.

• Dad apparently says no concerns at his house, absolutely does not want medications!
The initial visit

• Caregivers often want to talk about behavior (OK to hear about that, briefly, but…)

  • Get them talking about the problems that are causing those behaviors ("What expectations is Oliver having difficulty meeting when those behaviors occur?")

  • Help them recognize that those problems are predictable ("Is this the first time that Oliver has had difficulty meeting that expectation?")

  • Help them understand that the child’s concerning behaviors are due to lagging skills rather than lagging motivation, which is why traditional discipline hasn’t been effective ("Rewards and punishments don’t solve any problems or teach any skills.")

• Move the discussion to specific lagging skills and unsolved problems (introduce the Assessment of Lagging Skills and Unsolved Problems)

  • Can they do it on their own? If so, prescribe resources (videos, handouts, website)

  • Are they going to need help? If so, refer to counsellor/therapist/school consultant who can start Collaborative and Proactive Solutions approach or book back in for parent/teacher/child conference for ALSUP
### ASSESSMENT OF LAGGING SKILLS AND UNSOLVED PROBLEMS (ALSUP)

**CHILD’S NAME**

**DATE**

The ALSUP is intended to be used as a discussion guide rather than as a freestanding checklist or rating scale. It should be used to identify specific lagging skills and unsolved problems that pertain to a particular child or assessment.

#### LAGGING SKILLS

This section will help you understand why the child is experiencing unexpected challenges and frustrations. Please note that these lagging skills are not the primary focus of intervention. In other words, you won’t be covering the lagging skills with the student, nor will you be teaching most of the skills explicitly. The primary targets of intervention are the unsolved problems you’ll be documenting in the next section.

<table>
<thead>
<tr>
<th>Difficulty maintaining focus</th>
<th>Difficulty identifying and managing emotions</th>
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<tbody>
<tr>
<td>Difficulty handling transitions, shifting from one task to another</td>
<td>Difficulty identifying and managing emotions</td>
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<tr>
<td>Difficulty organizing the likely outcomes or consequences of actions (expected)</td>
<td>Difficulty identifying and managing emotions</td>
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<tr>
<td>Difficulty persisting on challenging or tedious tasks</td>
<td>Difficulty identifying and managing emotions</td>
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<tr>
<td>Difficulty organizing a range of solutions to a problem</td>
<td>Difficulty identifying and managing emotions</td>
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<tr>
<td>Difficulty expressing concerns, needs, or thoughts in words</td>
<td>Difficulty identifying and managing emotions</td>
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<tr>
<td>Difficulty imagining emotional responses to frustration so as to think practically</td>
<td>Difficulty identifying and managing emotions</td>
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<tr>
<td>Chronic irritability and anxiety significantly impede capacity for problem-solving or heighten frustration</td>
<td>Difficulty identifying and managing emotions</td>
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#### UNSOLVED PROBLEMS

Unresolved problems are the specific expectations a child is having difficulty meeting. The workings of an unsolved problem will translate directly into the world that you are using when you introduce an unsolved problem to the child when it is time to solve the problem. Together, poorly worded unresolved problems often cause the problem-solving process to deteriorate before it even gets started. Please reference the ALSUP Guide for guidance on the four guidelines for writing unresolved problems.

**SCHOOL/FACILITY PROMPTS:**

- Are there specific tasks/expectations the student is having difficulty completing or getting started on?
- Are there goals/tasks/expectations the student is having difficulty completing or getting started on?
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**HOME/CLINIC PROMPTS:**

- Are there goals/tasks/expectations the student is having difficulty completing or getting started on?
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“Is there a snappy acronym for
You Adults Are Not Inspiring My Confidence?!”
The consultation or followup visit

• Use the ALSUP to identify specific lagging skills and unsolved problems
  • “Only unsolved problems cause concerning behaviors; solved problems don’t”

• Provide an overview (and example, time permitting) of Plan B
Plan B is best accomplished when it is done proactively, not in the heat of the moment.

Credit: Linda Oberg, MA, LMFT
Myths and Pushback

• CPS model excuses and enables kids who willfully misbehave
• The child’s concerning behaviors are “out of the blue”
• Kids will never participate in problem solving
• Solving problems collaboratively takes too long
• Kids need to know that there are consequences for misbehavior
• Bad kids are due to bad parenting
Q & A

• Why would you not use the CPS model?
• Have you had success with this approach? Frustrations?
• How does it connect with traditional approaches of managing behavior?
Resources

• livesinthebalance.org