



Can Adult-Child Collaboration Create Real, Lasting Solutions?

September 5, 2011

Evansville Courier and Press

Are you an assistant principal tired of suspending students from school and never seeing a long-term, positive result? Are you a teacher tired of making negative phone calls to parents and rarely seeing a change in the child's behavior or performance? Are you a parent at risk of losing your job because you have to miss work due to problems with your child? Maybe you just want your child to get his homework done and go to bed at a decent hour without a battle.

All the experts have suggested the use of behavior charts, 123 Magic, more and more medication at higher dosages, not to mention the endless dollars they suggest those parents, schools and counselors spend trying to reward/buy a child's behavior. These same experts probably have diagnosed the child's behavior and attributed it to passive, permissive, inconsistent, non-contingent parenting.

School critics often want a return to the good old wooden paddle.

"No more," says Dr. Ross Greene, originator of Collaborative Problem Solving and a proponent of a compassionate, productive understanding of (and approach to helping) behaviorally challenging kids.

"Kids do well if they can," is the philosophy underlying the CPS model. Rather than focusing on what a child does, the CPS model centers on identifying the underlying lagging skills that are leading to unsolved problems in a child's life.

According to Greene, unsolved problems are "the specific conditions in which the demands being placed upon a

person exceed the person's capacity to respond adaptively."

This method is less about imposing an adult's will and more about reducing challenging episodes through problem-solving by way of a collaborative relationship.

This summer, approximately 175 teachers, social workers, child advocates, parents and other concerned adults attended a daylong workshop. The focus was looking for the latest strategy to help today's behaviorally challenging children. Evansville Psychiatric Children's Center sponsored the featured speaker, Greene, an associate clinical professor in the Department of Psychiatry at Harvard Medical School and author of "The Explosive Child" and "Lost at School."

The premise behind his model is that challenging behavior in children is the result of a lag in cognitive skills in the areas of flexibility, adaptability, frustration, tolerance and problem-solving.

Contrary to most behavior modification models, CPS rejects the long-standing belief that challenging children are the byproducts of inept parents. It discourages use of traditional reward systems and other programs such as 123 Magic, which it considers ineffective and wasteful. It states that diagnosis and medication are for the most part overused.

These latter principles and methods have guided most of us who have worked with behaviorally challenging children over the past 10 to 20 years. Many at the workshop may have

thought, "No way I can stop saying 1 2 3!" or "What do you mean I can't give candy or a toy to garner a desired behavior?"

All this can be replaced, says Greene, with three simple steps: establish empathy, define the problem and invite collaboration.

Next week, in part two of this article, we will explore what it really means to establish empathy, define the problem and invite collaboration.

Take some time this week to evaluate your approach and strategies when confronting challenging behavior and see how effective you are in getting the behavior you want out of the children with whom you work.

Charles Darwin wrote, "In the long history of humankind (and animal kind, too), those who learned to collaborate and improvise most effectively have prevailed."

Together we will explore the new yet old way of working with challenging children, one that will help everyone prevail in the end.

Sean Kuykendall is a licensed clinical social worker at Southwestern Behavioral Healthcare Inc. Contact the organization at 812-436-4221 or comments@southwestern.org.