

# The Explosive Child

## by Dr. Greene



Foundation  
for Children with  
Behavioral Challenges

### FCBC CAREGIVER HANDOUT

#### Understanding and Helping Children with Behavioral Challenges

This handout has been prepared by FCBC to assist caregivers in understanding and helping children with behavioral challenges. It draws heavily upon the research and work of Dr. Ross Greene (author of **The Explosive Child**, Director of the Collaborative Problem Solving (CPS) Institute in the Department of Psychiatry at MGH, and Associate Professor in the Department of Psychiatry at Harvard Medical School), and Dr. J. Stuart Ablon (Co-Director of the CPS Institute and Assistant Professor in the Department of Psychiatry at Harvard Medical School). We believe that an approach, such as CPS that is based on a thorough understanding of our children's strengths and interventions that address their vulnerabilities will allow them to become successful and responsible members of society.

It is important to note that this handout provides **only** an overview of the CPS approach. Therefore, we strongly recommend reading the book, **The Explosive Child (3<sup>rd</sup> revised edition)**, (or, for clinicians: **Treating Explosive Kids**), attending a full day CPS workshop (refer to: [www.ccps.info](http://www.ccps.info)), viewing the new video: **Parenting The Explosive Child** (available at [www.ccps.info](http://www.ccps.info) or through Amazon) for a more complete understanding. We also encourage taking advantage of information, resources, and support available at our web site: [www.fcbcsupport.org](http://www.fcbcsupport.org).

The CPS approach is based on a thorough understanding of each child's unique strengths and vulnerabilities. While this handout, along with the accompanying CPS Pathways Checklist (developed by Dr. Greene) can assist caregiver's in gaining an understanding of why a child is struggling and how to help, it is important to note, that many caregivers find that professional evaluations and guidance are often needed to embark and carry out the approach.

#### Seeing Children with Behavioral Challenges in a New Light

Behaviorally challenging children have typically been poorly understood. All too often, their difficult behavior is seen as willful and goal oriented, the product of poor parenting (inconsistent, non-contingent). In other words, that the child has learned that explosive/aggressive behavior is an effective means of getting attention or coercing others into giving in to their wishes. This has led to interventions that focus on gaining greater compliance with adult directives through the use of rewards and punishments. Extensive study and research conducted by Dr. Ross Greene and others indicate that for the majority of these children, the basis of their difficult behavior can best be understood as a learning disability or developmental delay in the domains of flexibility and frustration tolerance. In other words, because of a variety of factors, most of these children lack the crucial cognitive skills that are essential to handling frustration and demands for flexibility and adaptability, or have significant difficulty applying them when they are most needed. These children are not choosing to be explosive or non-compliant, any more than a child would choose to have a reading disability. With a more accurate explanation, the stage is set for adults to be part of the solution: re-establishing positive relationships with these children, creating experiences that will provide the training and practice in problem-solving skills, flexibility, and frustration tolerance that they need to be more successful. The good news is that when we apply the same compassion and approach we would use with an LD child-these children do better (and we adults do better)!!!

#### Typical View of Difficult Children:

- Guiding Philosophy: "Children do well if they want to".
- Explanation: Children's difficult behavior is attention-seeking or aimed at coercing adults into "giving in".
- Goal of treatment: Induce children to comply with adult directives.
- Tools of treatment: Use of reward and punishment programs to give children incentive to improve behavior.
- Emphasis: *Reactive* focus on management of problematic behavior after it has occurred.

### **Dr. Greene's CPS View:**

- Guiding Philosophy: "Children do well if they can".
- Explanation: Children's difficult behavior is the byproduct of a learning disability in the domains of flexibility, adaptability, and frustration tolerance.
- Goal of treatment: Teach children lacking cognitive and emotional skills.
- Tools of Treatment: Teach children and adults how to work towards mutually satisfactory solutions to problems underlying difficult behavior.
- Emphasis: *Proactive* focus on solving and preventing problems before they occur.

## **How Do These Children Get This Way?**

There are differing factors that may underlie the lack of skills with which they present. For some children it is purely developmental, for some it is more complex with neurological or neurobiochemical underpinnings as well.

Dr. Greene and Dr. Ablon have identified 5 major pathways (Cognitive Skill Areas) that if lacking frequently result in explosive behavior:

### **The Five Major Pathways:**

- 1. Executive Function Skills**
- 2. Language Skills**
- 3. Emotional Regulation Skills**
- 4. Social Skills**
- 5. Cognitive Flexibility Skills**

### **EXECUTIVE SKILLS:**

These are the thinking skills, associated with the frontal lobe of the brain. They enable one to do the clear, organized, reflective thinking in the midst of frustration that is crucial for solving problems in an adaptive (non-impulsive) manner. The executive skills include:

- shifting cognitive set (the ability to shift gears, to make transitions in activities and thinking smoothly)
- organization and planning, and working memory (allow you to use hindsight and forethought to solve problems in a systematic fashion)
- separation of affect (the ability to put feelings on the shelf to get on with the clear thinking needed to solve problems)

When lacking, these children will have difficulty shifting from one activity to another. They will have difficulty anticipating problems. In the face of frustration, they will have difficulty staying calm enough to think clearly and will have difficulty sorting through different solutions to organize a coherent plan of action.

### **LANGUAGE SKILLS:**

Language skills are incredibly crucial as it relates to one's ability be flexible and deal with frustration. Problem solving is essentially a linguistic skill. Why? Most of the thinking and communicating that we do involves language. Language skills set the stage for labeling, categorizing, communicating and managing (metacognitive strategies) our emotions. They also kick-start problem solving by allowing us to label and communicate the problem, and do the necessary verbal give and take.

Children with difficulty in this domain may get hung up at any point. They may not have a rudimentary vocabulary for labeling their emotions (happy, sad, frustrated), may not be able to articulate their concerns ("I am hungry/tired", "I am in the middle of something") and may not have a problem solving vocabulary ("I need help"). When faced with frustration, or when trying to process situations later with the child, children lacking in this domain can often be heard saying such things as: "shut-up", "get away", "I don't know", "I don't want to talk about it" or they may swear.

## **EMOTION REGULATION SKILLS:**

This refers to the cognitive skills one uses to control, modulate and regulate emotions, outside of the context of frustration. It is important to note that this is different from separation of affect (our ability to put feelings aside so we can think clearly in the midst of frustration).

What do we see with children who have difficulty in this domain: chronic grouchiness, irritability, fatigue, anxiety and agitation. These chronic states make dealing with frustration difficult. These children can often find the energy to look good in certain situations, only to fall apart later.

## **COGNITIVE FLEXIBILITY SKILLS:**

Children who have difficulty in this area are wired in rigid, black and white ways. They are literal and concrete in their thinking and see things as their way or the highway. They often adhere to predictable routines/rigid/inflexible rules in order to feel ok. They become totally lost when things don't go just as they expected or the way they went the last time. Although they may be very bright verbally, they have poor skills when it comes to handling the "grays" of the world.

Children who demonstrate these difficulties typically have great difficulty in the social arena. There is no area that requires the ability to see the "gray" more than social situations.

## **SOCIAL SKILLS:**

There are two types of social skill deficits: cognitive deficiencies and cognitive distortions. What you will often see with cognitive deficiencies is poor perspective taking and appreciation of how one's behavior affects others, poor appreciation of social nuances, and poor social repertoires (ability to start a conversation, ability to enter a group). Cognitive distortions are typically based in reality, can often be seen as overgeneralizations or misconstruing of events.

## **What Is Collaborative Problem Solving (CPS)?**

The **Collaborative Problem Solving Approach (CPS)**, originated by Dr. Ross Greene, and described in his book **The Explosive Child**, is a practical alternative approach for helping behaviorally challenging children. One clue about how it is different from standard approaches lies in the word "collaborative". Most standard approaches involve applying techniques (rewards and punishments) to these children. The word collaborative indicates that this approach is about utilizing new tools together with your child. The CPS approach is a tool for teaching lacking skills. Just as with a reading disability it will take time to make changes.

### **The CPS Approach Is Based On Three Critical Points:**

#### **THAT CHILDREN DO WELL IF THEY CAN**

- These children are not choosing to be explosive and difficult. The outbursts are not intentional or planned, are not a way to manipulate adults or get attention. No child would want to feel this way. Listen to the child afterwards, and you will often hear how sorry he/she is for having lost control. Some children may have no recollection of what is was all about. Their outbursts are fueled by lagging thinking (cognitive) skills needed for coping with frustration.
- These children require a careful assessment to determine (a) the nature of their difficulties (pathways), (b) the factors that contribute to their overall level of frustration, and (c) the situations, times and people with which they have the most difficulty (triggers).
- They require an approach that is based upon a shared understanding of these difficulties.

#### **THAT YOUR EXPLANATION SHOULD GUIDE YOUR INTERVENTION**

- If a lack of motivation is not the problem, then attempts to motivate these children to control their tempers (through rewards and punishments) makes little sense and may actually make things worse. Since a lack of skills is the problem, we need to create an environment and interventions that provide opportunities to help the child expand/catch up on their skills.
- These children respond best if they view adults as helpers who: understand their difficulties, recognize the need to establish parenting priorities, and are ready to help guide them through frustrating situations.

## THAT WE NEED TO FOCUS OUR EFFORTS ON THE FRONT-END

- We can provide the best help for these children if we focus our efforts before they become overwhelmed with frustration on solving and preventing problems rather than during or after a meltdown.

### The CPS Approach Has Three Goals:

1. **Allow adults to pursue expectations**
2. **Teach lacking thinking (cognitive) skills**
3. **Reduce meltdowns\***

\*When a child enters into a meltdown they lose the ability to think clearly, no learning occurs. There is no evidence to indicate that having meltdowns will build lacking skills. Since motivation is not the key, and also that these kids typically lack the ability to remember the consequences of a prior event when in the midst of frustration, it is unlikely to be of help them to them in the future.

### The CPS Approach Has Three Ingredients:

1. **Understanding the pathways** (skill deficits) underlying the explosive behavior, **factors which add to overall level of frustration**, and typical situations where meltdowns are most likely to occur (**triggers-or problems yet to be solved**) This may raise need for further assessments, and a comprehensive approach that includes CPS, as well as: medication, OT, social skills, organizational skills training, speech and language therapy....
2. **Decide which Plan will be used to handle specific problems/unmet expectations.** Use Front-end Mantra: "Should I use Plan A, B, or C to handle this problem/unmet expectation?"
3. **Executing Plan B** successfully so as to teach lacking skills.

### The Plans Framework: (formerly called The Baskets Framework)

There are and always have been only three ways for adults to resolve problems with kids. Adults can impose their will, let the child have his way, or work it out. **The Plans framework**, renames these **Plans A,B,C** (formerly Baskets A,B,C) and provides a method for establishing adult priorities, in other words it is a tool to help caregivers make decisions about how you wish to address problems or unmet expectations with the behaviorally challenging child.

- **Plan A: (A=Adult)** refers to handling a problem/unmet expectation by imposing your will. Your concern is the only one on the table. Using **Plan A** greatly heightens the likelihood of a meltdown. You know that you are using **Plan A** when what comes out of your mouth in response to a problem/unmet expectation is: "**No**," "**You must**", "**You can't**", "**In five minutes you will**", or the threat or imposition of consequences. What you are likely to say afterwards would be: "**He did what I said**". **Plan A helps adults ensure safety.**
- **Plan B: (B=Both)** is the **Collaborative Problem Solving Plan**. Using **Plan B** does not generally cause meltdowns. Using **Plan B**, your role (at least initially) is as surrogate frontal lobe (doing what the child can't yet do). You and the child are engaged in a process by which you will come up with mutually satisfactory solutions to problems (**address triggers**) or unmet expectations. **Both** your concern and the child's concern will be on the table. **It is also using Plan B, where you will help promote the communication and problem solving skills (address the pathways) that the child needs to be more flexible and handle frustrations more adaptively.** You know you are using **Plan B** when what comes out of your mouth in response to a problem/unmet expectation is: "**Let's work it out.**" Afterwards, you are likely to say: "**We worked it out**".
- **Plan C: (C=Child)** is where the adult is eliminating or reducing the problem expectation. Only the child's concern is considered. Using **Plan C** does not cause meltdowns. Using **Plan C helps adults eliminate unnecessary demands, thereby reducing a child's global level of frustration and enabling him or her to deal more successfully with the more critical remaining demands.** You know that you are using **Plan C** if nothing comes out of your mouth in response to an unmet expectation/problem, except maybe: "**Okay**" or "**Oh**". Later you might say: "**I didn't bring it up**".

It is important to note that the same problem can be handled using any of the plans. Many adults rely on just **Plan A** and **Plan C** to resolve problems. Dr. Greene suggests that you will want to try and use **Plan B** much of the time. If you are just using **Plan A** and **C** you are really just "**picking your battles**" and missing an opportunity to help your child develop the lacking skills.

### Goals Achieved By Using Each Plan:

	<i>Pursue Expectations</i>	<i>Reduce Meltdowns</i>	<i>Teach Skills</i>
• <b>Plan A</b>	yes	no	no
• <b>Plan C</b>	no	yes	no
• <b>Plan B</b>	yes	yes	yes

This chart emphasizes that adults can pursue their expectations using both **Plan A and B**. In other words, **Plan B**, just like **Plan A** allows adults to set limits. The adult is not "giving in", not saying "yes", just won't be imposing their will. By engaging the child using **Plan B**, the adult will be letting the child know that their concerns are important, too and will be teaching lacking skills (the ability to identify and express concerns, the ability to take others concerns into account, the ability to generate possible solutions to create win-win situations...)

### Implementing Plan B - The Three Steps:

It is fairly simple to understand the **Plans Framework**. However, it often takes caregivers time to learn how to execute **Plan B**, well and to feel comfortable doing it. Remember though, that unlike the effort involved in "cleaning-up" after a meltdown when using **Plan B** you will have something to show for your effort. You will be helping the child in the long run, by building lacking skills.

**Plan B** consists of **three** steps: **Empathy (+Reassurance), Define the Problem, and Invitation**. (Note: Dr. Greene and Ablon have changed the way they teach **Plan B** since the 2<sup>nd</sup> book publication was published. It was previously described as having two steps: (Empathy and Invitation).

- **Empathy**, which is communicated through **reflective listening** or the utterance of a simple, "**I hear you**", accomplishes two missions: (1) it helps keep the child calm and (2) it ensures that the child's concern is "on the table." If empathy is insufficient for keeping a child calm as you're initiating **Plan B**, it may be useful to add some **reassurance** (in other words, reassuring the child that you're not using **Plan A**). This is usually accomplished with a statement such as, "**I'm not saying 'No'**". Often children will put their solution on the table rather than their concern (i.e.: "*I want pizza*", rather than "*I am hungry*"). Getting the concern identified can often be accomplished with a statement, such as, "*What's up*".
- **Problem Definition** (Note: This step has been added since the book publication) is where the adult concern finds its way onto the table. The definition of a "problem" is simply a situation in which adult and child concerns have yet to be reconciled.
- **Invitation** is where you're inviting the child to work collaboratively toward a mutually satisfactory resolution of the two concerns ("**let's see if we can solve that problem...let's work it out.**")

Thus, if a child were to verbalize, "*I don't want to go to bed right now,*" here's how the three steps of **Basket B** would sound:

- **Empathy:** "*You don't want to go to bed right now...*" (note: this is a solution, not a concern). "*What's Up?*" (need to identify concern). Child responds: "*I want to watch the end of this t.v. show!*" (**Reassurance**): "*I am not saying you can't*".
- **Problem Definition:** "*I am concerned about your getting up for school in the morning*".
- **Invitation:** "*Let's think about how we can work that out.*" Give the child the first opportunity to propose a solution. If unable, you can then offer some possible solutions.

What if the child doesn't know what their concern is? Based on your understanding of situations that your child is often exploding over, you can often make educated guesses to assist the child in figuring it out. What if the child cannot (appropriately) articulate his concerns. He/she can be taught vocabulary to use to express his specific concern, ("*The seam on the sock bothers me*" rather than "*This sock stinks*") or taught a more general set of phrases that can be applied across many situations, i.e.: "*Give me a minute*", "*This isn't going how I thought it would*", "*I can't talk about it right now*"....

What if the child doesn't seem to have any idea where to start when it comes to thinking of solutions? You can teach a solutions framework. Most solutions tend to fall into one of three categories: *ask for help, meet halfway/give a little, or do it a different way.*

What if the child's solution is not something you can agree with? Remember, solutions are supposed to be mutually satisfactory. Let the child know that her idea is a good one-but explain to him/her that it might make them happy, but wouldn't address your concern. Re-invite them to find a solution where everyone's concerns are taken into account.



What if the child's solution is not something you think they can realistically do at this point? Your job as surrogate frontal lobe is to guide them towards solutions that are within reach of their capabilities. You might say to the child: "Wow that sounds like a great idea (shutting off the tv in 5 minutes), and I know that you would LIKE to be able to do that for me, but I have never seen you be able to do that before. Lets see if we can think of another way of solving the problem that is more doable.

### **Proactive vs. Emergency Plan B:**

Dr. Greene now also differentiates between "Emergency Plan B" and "Proactive Plan B." He has found that given a thorough understanding of the child (an essential aspect of the CPS approach) most meltdowns/explosions are highly predictable. By using "Proactive Plan B", we can collaborate with the child to solve the problem when they are calm.

What happens if when the time comes around the child "forgets" your previously agreed upon solution? You can always go back and use **Emergency Plan B**. It may be that you agreed upon a solution that just wasn't doable (yet) by the child.

### **Common Difficulties Executing Plan B:**

- You may be waiting until things get heated up and then applying **Emergency Plan B**. In most families/classrooms, the same problems are causing meltdowns on a daily basis, which means these problems are highly predictable. Since the problems are predictable, you'll be much better off trying to resolve them using **Proactive Plan B**, well before things get heated up. You must act as a surrogate lobe-weeding out solutions that won't work/child can't do yet. Even if child can't do what was agreed upon-in better place to do Plan B again-than if hadn't approached at all yet.
- You may not really be using **Plan B**...in fact, if a meltdown was the end result, there's an outstanding chance you were using **Plan A**. **Plan A** with explanations-is still **A**. Time to go back and review the three entry steps for using **Plan B** (empathy, define the problem, invitation) – did you really use the three steps and in the correct order?
- If your child is accustomed to your using **Plan A**, there's a good chance it's going to take a while before they become accustomed to your using **Plan B**. In other words, they may still get heated up in your early attempts to use **Plan B** because they're just accustomed to getting heated up whenever is difficult problem is broached. Once they begin to trust that you're really doing things differently now, the calming effects of **Plan B** should take hold.
- You and/or your child may be putting solutions on the table rather than concerns. The problem won't be solved unless two very specific concerns are on the table.
- Young children will typically need our help at least initially to generate possible solutions. It is important though that we remember though that it needs to be a collaborative process.

## **Conclusion**

We hope is that you have a better sense of why it is crucial to understand the nature of a child's difficulties and why an approach aimed solely at motivation may not be well suited to these children.

We hope that you begin to ask new questions as you think about these children. Instead of asking yourself, "What is it going to take to motivate this child to behave differently?" that instead you begin to ask, "Why is this so hard for this child?", "What 's getting in his way"?, "How can I help"?

## **Resources**

1. ***Foundation for Children with Behavioral Challenges***: Provides education, resources and support for caregivers of children with behavioral challenges. <http://www.fcbsupport.org>
2. ***Center for Collaborative Problem Solving***: Includes information about the work of Dr. Ross Greene, including research, upcoming workshops, and the Collaborative Problem Solving Institute. <http://www.ccps.info>

# COLLABORATIVE PROBLEM SOLVING PATHWAYS INVENTORY

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## PATHWAYS

### Executive Skills

- Difficulty handling transitions, shifting from one mindset or task to another, adapting to new circumstances or rules
- Poor sense of time/difficulty doing things in a logical prescribed order
- Disorganization/difficulty staying on topic, sorting through thoughts, or keeping track of things
- Difficulty considering the likely outcomes or consequences of actions (impulsive)
- Difficulty considering a range of solutions to a problem
- Difficulty staying calm enough to think rationally

### Language Processing Skills

- Often has difficulty expressing thoughts, needs or concerns in words
- Often appears not to have understood what was said
- Long delays before responding to questions
- Difficulty knowing or saying how he/she feels

### Emotion Regulation Skills

- Cranky, grouchy, grumpy, irritable (outside the context of frustration)
- Sad, fatigued, tired, low energy
- Anxious, nervous, worried, fearful

### Cognitive Flexibility Skills

- Concrete, black-and-white, thinker; often takes things literally
- Insistence on sticking with rules, routines, original plan
- Does poorly in circumstances of unpredictability, ambiguity, uncertainty
- Difficulty shifting from original idea or solution; possibly perseverative or obsessive
- Difficulty appreciating another person's perspective or point-of-view
- Doesn't take into account situational factors that would suggest the need to adjust a plan of action

### Social Skills

- Difficulty attending to or misreading of social cues/poor perception of social nuances/difficulty recognizing nonverbal social cues
- Inaccurate interpretations/cognitive distortions or biases (e.g., "It's not fair," "I'm stupid," "Everyone's out to get me")
- Lacks basic social skills (how to start a conversation, how to enter a group, how to connect with people)
- Seeks the attention of others in inappropriate ways; seems to lack the skills to seek attention in an adaptive fashion
- Seems unaware of how behavior is affecting other people; is surprised by others' response to his/her behavior
- Lacks empathy; appears not to care about how behavior is affecting others or their reactions
- Poor sense of how he/she is coming across or being perceived by others
- Inaccurate self-perception

## TRIGGERS

## SUGGESTIONS FOR USING THE CPS PATHWAYS INVENTORY

This **CPS Pathways Inventory** is an ideal tool for organizing information about your child. It is also an important first step to implementing the **CPS** approach (identifying the lagging thinking skills contributing to the child's difficulties in the domains of flexibility, frustration tolerance and problem solving), provides an excellent means for sharing information about your child with other caregivers, and provides a tool for reviewing the child's progress.

Begin by filling in the Common Triggers section at the bottom of the form. The common triggers are problems yet to be solved. These are the situations that arise with your child that frequently precipitate a meltdown (examples: your child having to stop an activity to do an errand or go to bed, when plans for the day change, tactile sensitivities, etc.).

You can then look through this list of situations for patterns. This will provide clues as to the pathways involved and the specific lacking skills that need training. For example if across multiple situations on multiple days you notice that your child struggles whenever he/she is asked to stop what they are doing to engage in another activity, it is likely that the child demonstrates difficulty shifting from one mindset/task to another. Check marks can be placed next to the corresponding lacking skills in the Pathways section of the form.

Caregivers can then select one trigger at a time to work on using **Proactive Plan B**. The goal will be to come up with a durable solution to each problem/trigger through use of a proactive collaborative process (**Plan B**) and to then move on to the next. In this way, you will not only be able to reduce the number of meltdowns and get your expectations met, but will be engaged in a process where you will be teaching lacking thinking skills and enhancing the child's capacities for flexibility, frustration tolerance, communication and self-regulation.