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**Focus of  
this Issue:**

**Trauma Sensitive Schools**



# Collaborative & Proactive Solutions:

## A Crucial Treatment Approach in Trauma Sensitive Schools

Ross W. Greene, Ph.D.

Schools are increasingly aware of the importance of responding to students with trauma histories in ways that are sensitive and effective. And while don't traumatize the traumatized is a tenet that caring, enlightened educators would readily endorse, there is still a need for a systematic approach for responding to the social, emotional, and behavioral difficulties that may be seen in students with trauma histories.

*Collaborative & Proactive Solutions* (CPS), an approach described in my books *The Explosive Child* and *Lost at School* – and in the forthcoming books *Lost and Found* and *Raising Human Beings* – represents one such approach. The CPS model is non-punitive, non-adversarial, collaborative, proactive, relationship-enhancing, and skill-building...characteristics that are desirable in working with any student but most certainly those with trauma histories.

There are several key themes that characterize the CPS model. First, it doesn't focus on modifying a student's *behavior*; rather, the emphasis is on identifying and solving the *problems* that are causing the behavior. Restated, in the CPS model, behavior is viewed primarily as the mechanism by which a student is expressing or communicating that there are certain expectations he or she is having difficulty meeting. Second, the problem solving is *collaborative* rather than unilateral. In other words, problem solving is something caregivers are doing with the child rather than to him. Finally, the problem solving is *planned* and *proactive* rather than reactive and emergent.

There are two basic skills caregivers must master to implement the CPS model. First, they must become proficient in using the assessment instrumentation of the model, an instrument called the *Assessment of Lagging Skills and Unsolved Problems* (ALSUP). True to its name, this instrument helps caregivers identify the skills a student is lacking and the expectations (called "unsolved problems") the student is having difficulty meeting.



Once a student's lagging skills and unsolved problems have been identified, his or her difficulties become highly predictable and intervention can be almost totally proactive.

The second skill is *solving problems collaboratively* (in the CPS model, this is referred to as Plan B). Plan B represents a departure from what, in many places, is the status quo: adults deciding upon solutions and imposing those solutions on kids (this is referred to as Plan A). The CPS model operates on another very important tenet: if you want to solve a problem with a kid, you're going to need to *partner* with the kid in solving it. In other words, the kid is your *teammate* in solving the problems that affect his or her life. This is an important tenet for any child, but perhaps especially those with trauma histories.

Plan B consists of three steps: the **Empathy** step, the **Define Adult Concerns** step, and the **Invitation** step. But it's the ingredients of the steps that are far more important than the names. The primary ingredient of the Empathy step is information gathering. It is in this step that caregivers achieve the clearest possible understanding of a student's concern, perspective, or point of view on a given unsolved problem. Without that information, adults are at very high risk for plunging forward with solutions that are both unilateral and uninformed. The Empathy step helps kids feel heard and understood. It's where adults model and display empathy. It's where adults learn that their theories about a kid's concerns were often misguided.

Adults enter their concerns into consideration in the **Define Adult Concerns** step. Adults, of course, have important concerns too. The problem is that, too



frequently, adults try to get their concerns addressed through use of Plan A. In the CPS model, adults are getting their concerns heard and addressed through use of Plan B.

In the **Invitation** step, kids and adults collaborate on solutions. But those solutions must meet two criteria: they must be *realistic* (meaning both parties can truly do what they're agreeing on) and they must be *mutually satisfactory* (meaning the concerns of both parties have been addressed).

As may be apparent, the CPS model represents quite a departure from many school discipline programs, which rely heavily on adult-imposed consequences as the primary agent of change and tend to focus on students' behavior (rather than on the problems causing the behavior). Adult-imposed consequences – discipline referrals, detentions, suspension, paddling -- don't solve those problems; nor do they teach kids the skills they're lacking. All kids – but those with trauma histories in particular – need something quite different.

There are various misconceptions that may arise when caregivers are first exposed to the CPS model. The most common is that the model requires relinquishing all adult expectations. Nothing could be further from the truth. The model does require that adults give very serious consideration to whether a student is actually capable of meeting the expectations that are being placed upon him or her. The model also involves prioritizing; while it is tempting, once a student's unsolved problems have been identified, to try solving them all at once, this is actually a sure-fire way to ensure that none at all are solved. So some unsolved problems need to be set aside temporarily (in the CPS model, this is referred to as Plan C). Those that have been set aside will be tabled for now, until some of the higher priority problems have been solved.

Many parents find that the existing discipline program at their child's school is out of sync with the CPS model, and are eager to help the school change course. This, of course, is not so easily accomplished. Traditional school discipline programs are steeped in traditional beliefs about students'



challenging behavior: it's attention seeking, manipulative, coercive, and limit-testing; and it's the byproduct of passive, permissive, inconsistent, noncontingent parenting. Many teachers and administrators aren't yet aware of the mountain of research that has accumulated over the past 40-50 years telling us that kids with behavioral challenges are lacking skills, not motivation.

While it's tempting to try to get Plan B rolling as quickly as possible at a child's school, you'll be a whole lot better off starting with the ALSUP, as Plan B frequently doesn't make much sense to caregivers until they've come to a shared view of a student's lagging skills and unsolved problems. What if your child's school is so steeped in traditional disciplinary methods that change seems unattainable? Find someone in the building – perhaps the principal or assistant principal... perhaps the school psychologist, or school counselor, or school social worker...perhaps your child's teacher – who is open-minded, recognizes that current practices aren't working, and can fill you in on how to get the ball rolling on changing things for the better for your child. Many schools have used *Lost at School* for their book study groups; maybe yours will too. Many have found the vast free resources on the website of my non-profit, *Lives in the Balance* – [www.livesinthebalance.org](http://www.livesinthebalance.org) -- to be extremely helpful. Stay collaborative and non-adversarial as long as possible; you may find it necessary to use the IEP process to get the ball rolling. And stay persistent: if all those discipline referrals, detentions, and suspensions were going to “work” for your child, they would have worked a long time ago. There's nothing to be lost in trying something that is more compassionate and effective.

On that last point, research has demonstrated that schools implementing the CPS model have significantly reduced rates of discipline referrals, detentions, and suspensions.



Published studies are forthcoming.

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## Ross W. Greene, Ph.D.,

is the originator of the innovative, research-based approach now known as *Collaborative & Proactive Solutions* (CPS), as described in his influential books *The Explosive Child* and *Lost at School*, and in the forthcoming books *Lost & Found* and *Raising Human Beings*. Dr. Greene served on the teaching faculty at Harvard Medical School for over 20 years, and is currently adjunct associate professor in the Department of Psychology at Virginia Tech. He is also the Founding Director of the non-profit *Lives in the Balance*, which provides a vast array of free, web-based resources on his model and advocates on behalf of behaviorally challenging kids and their parents, teachers, and other caregivers.



## Trauma Sensitive School Summit

23 audio interviews with experts in trauma-informed strategies

Summit speakers included:

- Dr. Robert Anda, co-founder of ACEs Study
- Heather Forbes, LCSW, Beyond Consequences
- Dr. Jody McVittie founder of Sounddiscipline.org
- Avis Smith, Director of Trauma Smart Preschool at Crittenton Children's Center
- Joel Ristuccia of Mass Advocates and [www.traumasensitiveschools.org](http://www.traumasensitiveschools.org)
- Jane Stevens, founder/editor of [ACEsConnections.com](http://ACEsConnections.com)

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# Childhood Trauma Affects



(1 in 4 Students)

Attachment  
& Trauma  
Network, Inc.



## In Every Single Classroom... Every Day...

### What Trauma is...

A psychologically distressing event outside the range of usual human experience. It involves a sense of intense fear, terror, and helplessness, and may lead to a variety of effects, depending on the child.

- Bruce Perry

*Examples include child neglect, abuse, domestic violence, parental incarceration or abandonment, a family member's serious mental illness or substance abuse problem, highly conflicted divorce situations, as well as experiencing serious accidents, disasters, war, or acts of terrorism.*

### What Trauma Does to...\*

#### The Body

Fight/flight/freeze reactions  
Sensory/motor challenges  
Unusual pain responses  
Physical symptoms

#### Emotions

Hypervigilance  
High distress  
Self-regulation problems  
Difficulty communicating feelings and needs  
Possible dissociation

#### Actions

Poor impulsive control  
Aggression/  
dangerous actions  
Oppositional behavior  
Self harm  
Overly compliant  
Sleeping problems  
Eating problems  
Substance abuse

#### Thinking

Lack of curiosity  
Learning/processing problems  
Language development problems  
Difficulty regulating attention  
Executive functioning problems  
Problems with planning and organization  
Difficulty understanding cause and effect

## Trauma

#### No Signs

Some traumatized youth show little to no signs at school but may have difficulty at home in relationships with primary caregivers.

#### Relationships

General mistrust of others  
Clingy/overly dependent  
Withdrawn  
Problems with peers  
Overly helpful/solicitous of attention  
May lack empathy

#### Self Concept

Low self-esteem  
Toxic shame and guilt  
Grandiose ideas/bragging  
May blame others or self  
Body image problems  
Self-sabotaging behaviors

## What Trauma-Sensitive Schools Do...

### Help Students

Feel safe  
Be connected

Get regulated  
Learn

**They Benefit Everyone!**