

Treating Explosive Kids: The Collaborative Problem-Solving Approach.

Ross W. Greene and J. Stuart Ablon.

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The field of neuropsychology continues to inform our understanding of the etiology and phenomenology of mental health issues in increasingly nuanced ways. Translating this body of knowledge about how the brain works into a vernacular that clinicians can utilize and mental health recipients can understand continues to be a crucial area of development for both neuropsychologists and clinical psychologists alike. Ross Greene and J. Stuart Ablon (2006) in *Treating Explosive Kids: The Collaborative Problem Solving Approach* have elegantly translated neuropsychologists' perspective of how children organize their experiences, regulate their emotions and behaviors, and integrated it with systemic family therapy, empathy development, and communications analysis to present a refreshing treatment approach to disruptive behaviors in children and teens.

The book consists of ten chapters covering the assessment and treatment of children with disruptive behavioral disorders across several different settings: outpatient clinics, schools, residential care, and inpatient settings. Each chapter lays out the theoretical and clinical rationale for the Collaborative Problem Solving (CPS) approach and then provides thorough transcripts of mock clinical sessions that highlight the CPS concept being introduced. The transcripts presented in *Treating Explosive Kids* are generally realistic and demonstrate how the authors work through some of the complexities involved in treating behavioral issues with youth and their families. The authors also provide substantive examples of the challenges to implementing the CPS model in institutional settings through dialog from staff meetings. Chapter 8, which focuses on CPS in therapeutic and restrictive settings, was notable in its elucidation of the challenges of initiating therapeutic change on an institutional level.

The central tenet of Greene and Ablon's book and of their treatment approach is that "children do well when they can". This is a disarmingly straightforward, yet radical position that the explosive child is not "bad" or an "attention-seeker", but is rather trying their best in spite of having a certain constellation of brain wiring that needs to be specifically addressed through changes in the child's family system. Further, the authors controversially reject both the "the automatic assumption that a child has learned that explosive episodes are an effective means of seeking attention" (p.216) and the rationale that time-out and parental withdrawal of attention is the best means of intervention for explosive behavior. The authors' challenge to classical learning theory and behavioral parent training models open the CPS model up to significant criticism from readers trained in these modalities. However, their thoughtful and well-argued model is a worthy read for even the strictest behaviorist. In addition, their model promotes a sense of acceptance towards and hopefulness about childhood behavioral issues, which is a breath of fresh air for anyone who has worked with disruptive disorders and has witnessed how demoralized these children and their caretakers can be when they present for treatment.

In *Treating Explosive Kids*, Greene and Ablon lay out a kind of neuro-speak for parents and kids to help them understand the rationale for treatment and the kinds of interventions they pursue. The authors charge parents with becoming their children's "surrogate frontal lobe", which further highlights that their child is not bad, evil or malicious, but that they have one or several skills deficits that need support and remediation. Further, I think the systemic and

neurologically based model presented in *Treating Explosive Kids* addresses a frequent frustration of parents in this population whose experience with token economies is that they only work in the short-term, are too time and energy intensive, and do not address the underlying, often heterogeneous reasons for their child's behavioral issues. Thus, the CPS model the authors are presenting has an authentic "buy-in" for its consumers because parents have to understand the proposed etiology of their child's behavioral issues in order to fully and effectively participate in the treatment.

The assessment strategies detailed in this book are a real asset and provide a clarifying foundation for the often chaotic and disorganized presentations of children with "explosive" behaviors. Greene and Ablon's skills deficits checklist (see page 18) documents issues in five different domains: executive functioning, language-processing, emotion regulation, cognitive flexibility, and social skills. The authors posit that identifying skills deficits is the first step in understanding the child's triggers and pathways towards explosive behavior. Overall, the inventory is an enormously helpful evaluation tool as it helps parents and clinicians start to make sense of the antecedents of the child's disruptive behavior. Once the skills deficits checklist is complete all parties involved have a specific description of the nature of the presenting problem with a depth and richness not achieved by solely determining diagnoses. One minor critique would be that the subcategories of the skill deficits domains would be helped by greater specificity, clearer behavioral anchor points, and in some instances translation into more accessible, less jargony language if it is to be used more broadly by clinicians, teachers and parents.

Another strength of the CPS approach presented in *Treating Explosive Kids* is its clear articulation of the three most common styles of parental intervention and its emphasis on parental choice about which style of intervention to use. Greene and Ablon focus on power relations and the efficacy of different communication strategies between explosive children and their parents, and provide readers with a straightforward short hand, "Plan A, Plan B, and Plan C", to refer to. The authors argue that traditional modes of intervening with explosive kids are representative of Plan A, where the parent "enforces their will" on the child or essentially tells them what they want them to do. The second choice is Plan C, which the authors feel is underutilized and involves ignoring the child's behavior or allowing them to get what they want. The third and central intervention of the book is Plan B, which is a collaborative, empathy-based, and proactive strategy that draws from the skills deficits checklist to identify frequently encountered problems and then negotiate solutions ahead of time that are mutually agreed upon by both parents and children. In Chapter 4, Plan B Basics, the authors describe in detail the steps involved in Plan B interventions: empathizing, defining the problem, and inviting the child to address the problem. The combination of knowing which skills deficits a child has (e.g. difficulty handling transitions) and being in control of which way to intervene (e.g. Plan A, B, or C) arms clinicians and parents with richer, more comprehensive choices about how to attune to their child and address their behavioral difficulties.

One potential shortcoming of the CPS model is that it appears to work most effectively if the parents lack their children's skills deficits, which is largely not the case in clinical populations. Greene and Ablon readily point out that there are many potential obstacles to effective implementation of this strategy due to multigenerational skills deficits and that often the focus of treatment shifts towards the parents own difficulties anticipating problems before they occur or capacities to regulate emotions during stressful times. Though the authors go to great lengths to address these treatment challenges through mock session transcripts and

explanatory rationale, the issue of trying to effectively implement the CPS intervention with parents who due to either their own skills deficits, trauma histories, or strict adherence to certain cultural beliefs about child raising, they remain complex treatment issues that would certainly warrant further elaboration in another edition of this book.

Chapters 7 and 8 of *Treating Explosive Kids* focus on how to implement the model to educational, residential care, and inpatient settings. Greene and Ablon present compelling arguments for why CPS might be a preferred method of intervening with explosive kids in all three settings. The authors passionately dissent with educational policies that continue “to apply consequences to students whose [behavioral] difficulties are not durably affected by consequences” as being “the epitome of inefficiency, wasted effort, and futility” (p. 177). In residential and inpatient settings, the authors note that traditional token economies which rely on consistency in implementation often fall short due to high turnover rates in staff members and regularly occurring shift changes. Preliminary outcome data appear to support their claim that CPS is a more effective intervention. In a 10-week treatment trial, youth diagnosed with oppositional defiant disorder who were treated with the CPS model vs. Barkley’s (1997) behavioral parent training were found to have greater clinical improvement and gains in more global domains of functioning (e.g., reduced parental stress and improved parent-child interactions). Further, on one inpatient unit, implementation of the CPS model drastically reduced use of restraints and seclusion as behavioral management and reduced injuries to staff. Although these data sets are limited, clearly more research into the efficacy of this treatment approach is necessary given the remarkable initial findings.

In conclusion, *Treating Explosive Kids* details a new systemic approach for children with behavioral issues, as well as articulates a significant challenge to interventions derived from learning theory (e.g. time-outs, token economies), which the authors feel are not sufficient treatments for children with explosive behavioral issues. The authors persuasively argue that explosive behaviors are the result of neurologically based skills deficits that should be remediated by parents in collaboration with their children, not by parents imposing their will on their children. Although one can imagine many thoughtful theoretical and impassioned critiques of the authors’ position on learning theory based treatments, the substantive, humanistic, and process-oriented approach presented in this book is one to be considered thoughtfully. *Treating Explosive Kids* would be useful for clinicians at any stage in their training and level of expertise as a comprehensive introduction to a new treatment approach for a very challenging set of familiar clinical issues.

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