



Foundation  
for Children with  
Behavioral Challenges  
[www.febe-support.org](http://www.febe-support.org)

## FCBC CAREGIVER HANDOUT

### Understanding and Helping Children with Behavioral Challenges

This handout has been prepared by FCBC to provide an overview of the Collaborative Problem Solving (CPS) Approach for understanding and helping children with social, emotional and behavioral challenges. The approach, first described by Dr. Ross W. Greene in the book: *The Explosive Child*; and later expanded upon in the book: *Treating Explosive Kids*, co-authored by Dr. Ross W. Greene and Dr. J. Stuart Ablon) provides a new, proven and compassionate way of understanding and helping these kids.

Many adults find that they are able to implement the approach on their own, with the help of the resources listed in this handout. Others find professional guidance helpful to get started. To locate a clinician who has attended an advanced training program in the approach, email: [info@Think:Kids.org](mailto:info@Think:Kids.org).

### 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. Research conducted in the neurosciences over the past 30 years, indicates that for the majority of these children, the basis of their difficult behavior can best be understood as a 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, 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 other learning disabilities -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.

#### **The 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?

Although children often display their challenging behavior in a similar fashion (hitting, swearing, kicking, etc...) different lacking skills may account for their challenges. Lacking skills in one or more of the following five major pathways may underlie a child's difficulties.

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

- 1. Executive Function Skills**
- 2. Language Skills**
- 3. Emotional Regulation Skills**
- 4. Cognitive Flexibility Skills**
- 5. Social 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 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
- working memory (allow you to use hindsight and forethought to solve problems in a systematic fashion)

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 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, both in the midst of frustration (separation of affect) and outside of the context of frustration.

What do we see with children who have difficulty in this domain: In the midst of frustration, they are unable to put their emotions aside to do the clear, organized thinking needed to solve problems in a thoughtful, adaptive way. There may also be: 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 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 it 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 to them in the future.

### **The CPS Approach Has Three Ingredients:**

- 1. Understanding the pathways** (skill deficits) underlying the explosive behavior 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.

### **How Are the Lagging Thinking Skills Assessed?**

1. The Think:Kids **Pathways Inventory** provides a list of the specific skills (within the five pathways: Executive Skills, Language Processing Skills, Emotion Regulation Skills, Cognitive Flexibility Skills and Social Skills) frequently found lagging in children with social, emotional and behavioral challenges. It can be used as a discussion guide (not simply a checklist) for developing consensus among caregivers about the specific lagging skills underlying a child's challenging behavior and for identifying the situations that precipitate maladaptive behavior (triggers/problems to be solved). *Note: It is also an ideal tool for organizing and sharing this information and monitoring progress.*
2. A **Situation Analysis** provides a more formal process for identifying pathways and triggers. You begin by examining the situations that arise with your child that frequently precipitate a meltdown (examples: homework, going to bed, tactile sensitivities, etc.). Patterns will emerge that will provide clues as to both/either the specific lagging skills (pathways) that require training and/or triggers (problems to be solved). For example if across multiple situations (bedtime, homework, meal time) 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. *Note: The Pathways Inventory can be used to record the lagging skills and triggers.*
3. **Formal Testing** (is sometimes indicated).

### **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**" or more accurately, "**I made him do what I said**".
- **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**" or "**I chose to drop this expectation for now**".

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. 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:**

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

• <b>Plan C</b>	no	<b>yes</b>	no
• <b>Plan B</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>

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, will be solving the problems that precipitate challenging behavior 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...)

### **Plan B Applications: Proactive B and Emergency B:**

Because Plan B is the only plan where all three goals can be met, it is recommended that caregivers rely, as much as possible on using Plan B to resolve problems/address triggers. A distinction is made between Proactive B and Emergency B.

With a thorough understanding of the child's lagging skills and triggers challenging behavior becomes highly predictable. Given this, Dr. Greene suggests using "**Proactive B**" to collaborate with the child to solve problems when they are calm, well before a maladaptive behavior reoccurs (crises prevention). "**Proactive B** tends to lead to solving problems durably.

**the Individualized Cognitive Challenges Plan (ICCP)** ICCP to prioritize their intervention (which of the lagging skills to train first and which of the triggers/problems to solve first using Proactive B) and to share this information with other caregivers. Then using **Proactive B**, the goal will be to come up with a durable solution to each problem/trigger 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.

The first time an unsafe behavior occurs one may need to use Plan A to ensure safety. However, it becomes essential when the child is calm to then use Plan B to teach the lagging skill or solve the problem so that the behavior doesn't reoccur.

### **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, often needed if doing "Emergency B")**, **Define the Problem**, 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*", "*How come?*", "*Help me understand why*".
- **Problem Definition** 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.**") A recounting of the two concerns is often helpful, here.

Thus, if a child were to verbalize, "*I don't want to go to bed right now*," here's how the three steps of **Plan 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 being too tired for school tomorrow*".

- **Invitation:** *"I wonder if there's a way to work this out so that you won't miss the end of your show and I won't worry about your being tired for school."* 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 address their concern, 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 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. That is hard to do. Let's see if we can think of another way of solving the problem that is more doable"*.

### **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.
- You may be rushing through the Empathy Step, in a hurry to get to solving the problem. It is important to have the child's very specific concern before moving on to sharing yours and attempts to solve the problem.
- 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

### **Books on Collaborative Problem Solving:**

Greene, R.W. (2005). *The explosive child: A new approach for understanding and helping easily frustrated, "chronically inflexible" children* (3<sup>rd</sup> ed.). New York: HarperCollins.

Greene, R.W. & Ablon, S.A. (2005). *Treating explosive kids: The Collaborative Problem Solving Approach*. New York: Guilford Publications.

Greene, R.W. (2008). *Lost at School: Why our Children with Behavioral Challenges are Falling Through the Cracks and How We Can Help Them*. New York: Scribner.

### **Relevant Articles:**

Greene, R. W., & Doyle, A.E. (1999). Toward a transactional conceptualization of oppositional defiant disorder: Implications for treatment and assessment. *Clinical Child and Family Psychology Review*, 2(3), 129-148.

Greene, R.W., Biederman, J., Zerwas, S., Monuteaux, M., Goring, J., Faraone, S.V. (2002). Psychiatric comorbidity, family dysfunction, and social impairment in referred youth with oppositional defiant disorder. *American Journal of Psychiatry*, 159, 1214-1224.

Greene, R.W., Ablon, S.A., & Goring, J.C. (2003). A transactional model of oppositional behavior: Underpinnings of the Collaborative Problem Solving approach. *Journal of Psychosomatic Research*, 55, 67-75.

Greene, R.W., Ablon, J.S., Monuteaux, M., Goring, J., Henin, A., Raezer, L., Edwards, G., & Markey, J., & Rabbitt, S. (2004). Effectiveness of Collaborative Problem Solving in affectively dysregulated youth with oppositional defiant disorder: Initial findings. *Journal of Consulting and Clinical Psychology*, 72, 1157-1164.

Greene, R.W., Ablon, S.A., & Martin, A. (2006). Innovations: Child Psychiatry: Use of Collaborative Problem Solving to reduce seclusion and restraint in child and adolescent inpatient units. *Psychiatric Services*, 57(5), 610-616.

### **Websites:**

1. **The Foundation for Children with Behavioral Challenges (FCBC)**, [www.fcbsupport.org](http://www.fcbsupport.org), provides support and education to caregivers living or working with children with social, emotional, and behavioral challenges. **FCBC** promotes effective and compassionate approaches, such as **CPS**, that view challenging behavior through a developmental lens and help caregivers work with children to develop skills. **FCBC** has local chapters throughout North America and beyond, offers an annual conference, educational materials, and has an excellent website with an active message board and lots of resources.

2. **Think:Kids**, [www.thinkkids.org](http://www.thinkkids.org), in the Department of Psychiatry of the non-profit Massachusetts General Hospital, aims to dramatically improve the understanding and treatment of youth with social, emotional, and behavioral challenges. They provide training, support and resources for caregivers and professionals. There is a wealth of information on the approach, including audioprogramming, streaming video and blogs. They have many new initiatives planned. Stay tuned!

3. **The Center for Collaborative Problem Solving**, [www.ccps.info](http://www.ccps.info). Stay abreast of seminars offered by Dr. Ross Greene, [www.ccps.info](http://www.ccps.info). This website also provides information regarding books and research on the CPS model.

## Think:Kids: PATHWAYS INVENTORY (Rev. 1/09)

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

**Instructions:** The Pathways Inventory provides a list of cognitive skills frequently found lagging in children with social, emotional and behavioral challenges. The skills are organized according to five categories or “Pathways”. Use the Pathways Inventory as your discussion guide to try to arrive at a consensus about which lagging skills are contributing to the child’s challenging behavior. Your goal is to identify specific skills deficits within the categories – not to simply identify the categories themselves.

### Executive Functioning Skills

- \_\_\_ Difficulty handling transitions, shifting from one mindset or task to another (shifting cognitive set)
- \_\_\_ Difficulty doing things in a logic sequence or prescribed order
- \_\_\_ Poor sense of time
- \_\_\_ Difficulty reflecting on multiple thoughts or ideas simultaneously
- \_\_\_ Difficulty maintaining focus for goal-directed problem-solving
- \_\_\_ Difficulty considering the likely outcomes or consequences of actions (impulsive)
- \_\_\_ Difficulty considering a range of solutions to a problem

### Language Processing Skills

- \_\_\_ Difficulty expressing concerns, needs, or thoughts in words
- \_\_\_ Difficulty understanding what is being said

### Emotion Regulation Skills

- \_\_\_ Difficulty managing emotional response to frustration so as to think rationally (separation of affect)
- \_\_\_ Chronic irritability and/or anxiety significantly impede capacity for problem-solving

### Cognitive Flexibility Skills

- \_\_\_ Difficulty seeing the “grays”/concrete, literal, black-and-white, thinking
- \_\_\_ Difficulty deviating from rules, routine, original plan
- \_\_\_ Difficulty handling unpredictability, ambiguity, uncertainty, novelty
- \_\_\_ Difficulty shifting from original idea or solution/difficulty adapting to changes in plan or new rules/possibly perseverative or obsessive
- \_\_\_ Difficulty taking into account situational factors that would suggest the need to adjust a plan of action
- \_\_\_ Inflexible, inaccurate interpretations/cognitive distortions or biases (e.g., “Everyone’s out to get me,” “Nobody likes me,” “You always blame me,” “It’s not fair,” “I’m stupid,” “Things will never work out for me”)

### Social Skills

- \_\_\_ Difficulty attending to and/or accurately interpreting social cues/poor perception of social nuances



Difficulty starting conversations, entering groups, connecting with people/lacking other basic social skills

\_\_\_ Difficulty seeking attention in appropriate ways

Difficulty appreciating how his/her behavior is affecting other people; often surprised by others' responses to his/her behavior

\_\_\_ Difficulty empathizing with others, appreciating another person's perspective or point-of-view

Difficulty appreciating how s/he is coming across or being perceived by others

**Instructions:** Now that you've identified the skills the child lacks, it's time to conduct a situational analysis by listing the specific situations in which the child tends to have difficulty. Think of when, where, with whom, and over what issues the difficulties arise. What triggers the child? What are the antecedents or precipitants? What are the chronic problems causing frustration for the child or the adults around the child? *Be as specific as possible!*

1.

2.

3.

4.

5.

6.

**Finally try to prioritize which problems you'd like to solve first using the following questions as your guide:**

- Which problems or triggers are causing challenging behavior most often?
- Which problems or triggers are causing the most severe behavior?
- Which problems or triggers are most conducive to resolution?

1.

2.

3.