



**Episode #81:**

**Dr. Ross Greene Talks About Collaborative &  
Proactive Solutions**

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Dr. Greene: We adults greatly overestimated the degree to which we are astute in our knowledge of what's really getting in the kid's way and so what this model forces us to do, and if you want to collaborate with a kid, you're gonna have to listen to the kid and you're going to have to take the kids concerns into account and no, that's not going to cause you to lose authority. It's going to help you pick up authority.

Debbie: Welcome to the TiLT Parenting Podcast, a podcast featuring interviews and conversations aimed at inspiring, informing, and supporting parents raising differently wired kids. I'm your host, Debbie Reber, and I'm so excited to share this episode with you. My guest is someone I've been wanting to have on this show since before it even aired episode one, Dr. Ross Greene. Dr. Greene is a powerful voice in the movement to change the way children, and in particular differently wired children are treated. Many parents and the community know him as the author of *The Explosive Child*, a new approach for understanding and parenting easily frustrated chronically inflexible children, but he's also the author of *Lost At School* and his most recent book *Raising Human Beings*. As speaker and curriculum developer and the originator of the Collaborative and Proactive Solutions Model. This model helps parents and teachers and kids work together to solve problems in a way that respects our kids while supporting them and improving their behavior.

Dr. Greene is also the founder of *Lives in the Balance* which aims to provide resources and programs to caregivers of behaviorally challenging kids, address the issues that caused many of these kids to slip through the cracks and to promote practices that foster the better side of human nature in all children. This was definitely one of my all time favorite interviews I've ever done for the show, Dr. Greene generously shared so much wisdom and insight for us. I hope you enjoyed the episode and before I get to our conversation, two quick things. I often hear from listeners that they love listening to these expert interviews and they sometimes aren't sure where to start or how to apply the strategies in their own lives. Other listeners want to know more about how I apply the principles in our family. So this week I'm launching a new, After the Show video series two to three minute videos were a highlight key takeaways or give you tips about how to take what you've learned and make it work for your family.

So after you've listened to this episode, go to [tiltparenting.com/after-the-show](http://tiltparenting.com/after-the-show) to watch the first video where I share three tips for how we use Dr. Greene's approach and our family and sign up to get new episodes of the podcast and After the Show series delivered to your inbox each week. Secondly, I have a special favor to ask. I get emails from parents every day telling me that they've just discovered the podcast and are so grateful to have found it because for the first time they feel understood or hopeful or like they've found their tribe. So if you were in community with other who are also raising atypical kids, maybe a facebook group, or maybe you

just know a few friends who would benefit from this episode and this podcast in general, I would love it if you could share this episode with them. My goal is to spread these important messages far and wide and grow the community of parents like us looking to change the way our kids experience the world. Thank you so much for helping me. All right. That's enough of the intro. Let's get on with the show.

Debbie: Hey Dr. Greene and welcome to the podcast.

Dr. Greene: Thank you very much.

Debbie: Well it is really just an honor to have you on the show. I think I mentioned this in my email to you when I first reached out about having you on the show, but your book, *The Explosive Child* may very well have rescued our family. I bought it when my son who's now 13, was five, and it just helped us so much and gave us a plan in a way to move forward at a time when we just were feeling completely lost about how to handle this intense and flexible human being. So I just want to thank you for that and I know that so many people in the community, you know, we're raising differently wired kids and so this is a super important topic for them and I'm just thrilled to be able to share your wisdom today.

Dr. Greene: I'm glad people are finding the work to be helpful.

Debbie: So helpful and there's so much to cover and your work since that time, since I discovered you, you've done so many things so we'll cover as much as we can today. But before we get started, would you mind giving us an introduction to who you are and what you do in the world?

Dr. Greene: Well, I'm a child psychologist. I am officially based in Portland, Maine, although it feels like I'm not here very much. And uh, you know, I've written some books that people know me by *The Explosive Child*, *Lost at School*, *Lost and Found*, and *Raising Human Beings*. What I spend most of my time doing is either consulting to schools or therapeutic facilities or running the non-profit that I founded in 2009 called *Lives in the Balance* and I'm pursuing all of the things that *Lives in the Balance* is doing to try to make things better for kids and their caregivers.

Debbie: You must have a very busy life with all the books and the the talks and such a generous body of work. I was just referring a parent last night who called me kind of in desperate straits and had her check out just the content you have on your *Lives in the Balance* site. That's for parents. There's so much there and one of the things I'd like to talk about today is your Collaborative and Proactive Solutions Framework. That was my introduction to your work. That was kind of the game changer for us.

So could you introduce listeners to that concept, and how it works, and how it can work in their families?

Dr. Greene: Well, it with the recognition based on the research that's accumulated over the last 40 to 50 years that kids with behavioral challenges are lacking some very important skills, the traditional way of thinking had them lacking motivation, but lagging skills is what the research tells us is really going on and those lagging skills, especially in the realms of flexibility, adaptability, frustration, tolerance, problem solving, make it very difficult for the kid to meet certain expectations. And when we are placing those expectations on kids, they tend to exhibit their challenging behavior in the Collaborative and Proactive Solutions Model. Unmet expectations are referred to as unsolved problems and the goal of helping a kid like this and his caregivers is to first figure out what the kid's lagging skills are so that we have the right lenses on and so that we stop saying things like attention seeking, manipulative, coercive, unmotivated, limit testing, and start seeing the kid through the prism of lagging skills and also identify what expectations the kid is having difficulty meeting. Once again, there's are called unsolved problems, but what we find is that helps people get organized, decide what their priorities are, what problems they want to solve now, what problems they're not going to solve now that they're going to set aside. And then we help caregivers start solving problems with kids, but we have them do it in a way, a collaboratively instead of unilaterally and proactively instead of emergently-- that we find works a whole lot better. And the whole collaborative piece means that, uh, the caregivers aren't on their own. They aren't the lone ranger, they've got a partner, the kid, and this is how kids learn a lot of the skills that they're lacking. It's how we engage kids in solving the problems that affect their lives. It's how we improve relationships. It's how we improve communications and it's how we significantly reduce challenging behavior. Any problem that is solved is not going to cause challenging behavior. It's only the unsolved ones that caused challenging behavior.

Debbie: So much of this too is as you're talking and that idea of referring to things as lagging skills and unsolved problems springs to mind. One of the phrases, which I think I parade it around to after school in first grade, that, you know, 'Kids do well when they can,' you know, a lot of this is about reframing and changing the way we're thinking and it's incredible how powerful just that little shift of considering this as an unsolved problem versus, you know, as you said, manipulation or even a behavioral problem, it makes a huge difference.

Dr. Greene: The, the changing of lenses is a huge part of this model because, you know, a lot of people focus on behavior instead of the problems that are causing that behavior. They focus on modifying the behavior instead of on solving the problems that are causing those behaviors. That is a very, very, big shift for a lot of people. But we've

also been thinking for a very long time that a kid who isn't doing well it must be because he doesn't want to do well. And now I've worked with about 2,000 behaviorally challenging kids at this point in my career. I haven't come across a one of them but didn't want to do well. So you're right, you brought up probably the key theme of the model, which is kids do well if they can, if this kid could do well, he would do well. As I'm always saying, the biggest favor you can do a kid who's not doing well is to take off your old lenses and start figuring out what this kid's lagging skills and unsolved problems are. And that's what gets the whole ball rolling.

Debbie: Yeah. I mean for me, I was surprised in the school system how few educators in that way. And to me it really was kind of not the golden ticket, but it turns everything into an opportunity. What can this child learn in the situation, what is he or she lacking that he needs to work on? And yeah, it's a great, great reframe.

Dr. Greene: Well, and it takes us away from our habit and a lot of school discipline programs are based on this, but so are a lot of the way many people parent, um, you're not relying on consequences anymore. You are relying on problem solving. And so it completely changes the role of the caregiver in this kid's life. I find that there are many, many caregivers who have what I call consequences on the brain. The minute they see a challenging behavior, the first thing they think of to do is apply a consequence. But in the CPS model, behavior is just the signal, just the fever, just the way the kid is communicating 'I'm stuck. There are expectations I'm having difficulty meeting.' So as you said, that's not necessarily time to kick in with the consequences. Since in all likelihood, the kid already knows what behavior you'd prefer that he exhibited instead. And what behaviors you are not so keen on. I'm betting he's been clear on that for a very long time. The opportunity is in viewing the behavior as the signal and figuring out what's really going on, what unsolved problem preceded that behavior and how can we work together with this kid to try to get that problem solved.

Debbie: Could you explain a little bit about the difference between the proactive approach, which is I think I was flipping through my well worn and copy of *The Explosive Child* today and realize that that's really the one we continue to use the most is getting ahead of problems, but also the moment problems. You know, how how you can use the Collaborative Problem Solving approach in in those two different ways.

Dr. Greene: Well, 99 percent of the problem solving, you want to be proactive and planned and that's made possible by the fact that these unsolved problems I've been talking about, whether it's difficulty brushing teeth before bed or difficulty getting to bed on time at night or difficulty waking up for school in the morning or difficulty getting the math homework done or difficulty taking out the garbage on Tuesdays or difficulty getting away from the screen to come in for dinner. Whatever the unsolved

problems are, they're highly predictable. What I find is that families, but also classroom teachers are having are finding these unsolved problems are the same every day, every week, every month, and the nice thing about that is that it makes them predictable. If they're predictable than we can make a list of them before we do anything else, we can decide which ones we want to work on now and which ones we want to work on at another point, and then we can start solving those problems proactively.

So one of the big shifts in the model that has occurred since *The Explosive Child* came out in 1998, which is coming up on 20 years ago, does it seem quite that long? But it has been, is that the original version of the explosive child was written primarily about what you do in the heat of the moment. But the model has evolved since then to be primarily 99 percent of the problem solving we ought to be doing is planned and proactive. So while there is a place for trying to solve a problem in the heat of the moment, it's actually not the best timing because we've added heat and rush to the mix. The option is there if you need it, but the whole goal is for people not to need it. So we'd rather have people be in crisis prevention mode then crisis management mode, but the bottom line is it's a whole lot easier to solve a problem proactively than it is in the heat of the moment.

Debbie: So with those proactive solutions, I'm remembering that when we were doing them a lot, you know, in those more explosive years that I found that sometimes the solution we've come up with would work for awhile and then it stops working. Is that pretty? And then you have to go back in and say, OK, we need to come up with another plan. Is that pretty typical?

Dr. Greene: I would say that that's kind of real life. There are solutions that stand the test of time forever, but I don't come across them too often. Sometimes things change and people's concerns change and we need different solutions that will address them as concerns evolve. Kids change, kids develop, what we want from them changes and develops. But I think that I'm generally speaking, if a solution doesn't work, it's usually either because it wasn't as realistic as we thought it was in the first place. And that's one of the two important criteria for coming up with a good solution. It's gotta be realistic. The other criteria is that it has to be mutually satisfactory, meaning, it truly addresses the concerns of both parties. I'm always saying if a solution isn't realistic and mutually satisfactory, then this problem is not yet solved, but it is not uncommon in real life as well as when you're solving problems collaboratively that a solution doesn't last forever. It just lasts for a while and then you've got to go back to the drawing board and talk about it again.

Debbie: I think that's such a good reminder though many of us, we kind of work through these stages are we have a regression or our child has a regression rather, and we

get through it and we're like, ah, phew, we're past that and now we can move on. But I think there's a tendency to one thing is to go back to where we know, right, we've already solved this problem, you know, this shouldn't be an issue anymore. So that's a great reminder that our kids are always evolving and our expectations of them as they age are going to evolve as well. So it makes sense that we need to continue being flexible about the way we're going to solve certain problems.

Dr. Greene: Yeah, I mean just as an example, let's say there's a solution for a homework in the third grade based on what was making it hard for the kid to do homework in the third grade and then we think we've got that problem solved and then we have homework problems again in the fourth grade, but they are the issues that are making homework difficult in the fourth grade are very different than the issues that were making homework difficult in the third grade. Seemingly the same unsolved problem, but different issues. Making it difficult for the kid to meet our expectations. In those kinds of scenarios it's hard to imagine why the solution that worked for us in the third grade is going to work for us in the fourth grade since it's really a completely different unsolved problem.

Debbie: Right, right. In terms of age, is there an age that is too young to start using CPS or what have you found? Is there kind of a sweet spot in terms of the age range this works best with?

Dr. Greene: I think that doing it formally tends to begin in kids who actually start participating in language and for a lot of kids that's at around somewhere in the age of two range. But the reality is, is that you start collaborating with an infant. Infants have unsolved problems, infants have concerns about those unsolved problems and we do apply solutions that we hope will address the problem with infants, but we are also completely dependent on the infant or give us feedback about how we're doing. So the reality is you start collaborating from the word Go. Um, it's just that when words kick in, it makes the a little bit easier because now the kid could actually tell you what's the matter instead of guessing like we have to do with infants or like we sometimes have to do with kids who have no language even later on. But I think you started collaborating with kids right the minute they pop out.

Debbie: I love that. And I can imagine there are people listening who are thinking, oh crap, like I have not been doing this all along. And I remember one of the parent coaches, my husband and I worked with said very gently to us when Ash was maybe seven or eight, you know, you've been doing some accidental parenting. You've gotten into some habits that we want to change. What would you say to parents who realize that they have been doing an authoritarian approach or, and they want to switch gears? Is that something you just change right away? Do you talk with your child about it? How do you approach that?

Dr. Greene: Well, you could do it either way. I would say no time like the present. And my bet is that the kid will be very surprised by the different tack. I think we have to remember that if the only people who can come up with good solutions for the adults, the kids never learns how. If we're not listening to a kid about what's getting in the way on a particular unsolved problem and we are just figuring it out on our own, what I call mind reading, which none of us are very good at. What we're doing is busy imposing solutions. Then you know, we really have to take a step back and say, are we really preparing this kid for the real world? Am I willing to sacrifice my relationship with my kid to do things in this way? So I think that there's room for parents who are of course very busy, just like all of us, there's something nice about taking a step away from parenting, getting a 10,000 foot view and actually asking what role do I want to play in the life of my kid? What demeanor do I want to have? What stance do I want to take in my interactions with my kid? I think that for many parents, the authoritarian approach is the way they were raised and a lot of them thought that was the only option. But there is another option. You can be collaborative instead of being unilateral. And I think that it's, in the vast majority of cases, most parents feel like it's giving them the kind of relationship with their kid while maintaining influence, which is quite frankly the best you can shoot for. They're getting what they want and more when they are solving problems collaboratively instead of unilaterally. So I don't come across any parents who say, you know, this collaboration stuff, it ruined my relationship with my kid and things have gone completely to hell since we started doing it. It's actually a exclusively the reverse.

Debbie: I'm hearing you say that it does sound ridiculous and I think that's what I love about the model so much and what has really transformed and continues to really influence the dynamic between Asher and my husband and I, is that it is so rooted in respect. It is such a respectful way to be. It reminds us that there's always a reason, right? There's always a reason why our child is acting the way that they do or they're responding to something in a way that may seem too big or or whatever. So I love that about the model. It's just a great reminder.

Dr. Greene: Well, one of the things it does is it says that the best source of information on what's getting in the kid's way on an expectation he or she is having difficulty meeting, not us. We adults greatly overestimate the degree to which we are astute in our knowledge of what's really getting in the kid's way, and so what this model forces us to do, I mean if you want to collaborate with a kid, you're going to have to listen to the kid and you're going to have to take the kids concerns into account and no, that's not going to cause you to lose authority. It's going to help you pick up authority, but as I'm always saying, the least fallible source of information on what's getting in the kid's way on an unsolved problem is the kid. So that means we've got to have our

ears wide open. It means the kid's voice is gonna be heard, but it does not mean we're going to be losing authority or influence in the life of this kid.

Debbie: Before we move on, I want to talk about some of your more recent books, but could you briefly describe the concept of plan A, Plan B and plan C just for parents who are learning about this concept for the first time?

Dr. Greene: Sure. What I wrote about in *The Explosive Child* for the first time back in 1998 was that there's basically three ways to approach an unsolved problem and I call those three ways: plan A, plan B and Plan C, plan C is where you are setting aside a particular unmet expectation for now and that's what you're prioritizing because there are many behaviorally challenging kids of course, who have accumulated many unmet expectations over time and you're not going to be able to work on them all at once. You're only going to be able to work on two or three at any given point in time. And so there is, especially in the kids who I work with who are very unstable or very volatile or very reactive, something to be said for setting aside a bunch of unmet expectations. For now it's very stabilizing. It clears the smoke.

I like it a lot better than using medication to stabilize a kid. So I'll take Plan C over meds any day when I can get away with it. Um, so that's Plan C, but mostly it's about prioritizing. It's basically saying we've got a lot of fish to fry here. You know, a lot of unmet expectations have accumulated over time. We know we're not going to be able to work on them all at once. So let's pick our top two or three and start working on those. That leaves us with only A and B, both plan A and Plan B represent the ways to solve a problem, but there is one massive difference between them. Plan A, you're solving the problem unilaterally which is where the adult decides what the solution is and imposes it on the kid.

Plan B is where you're solving the problem collaboratively, Plan B being a partnership between you and the kid and Plan B, you and the kid or teammates to where you're working together on solving the problem. As I always say, any problem that you could try to solve using Plan A far more productively be solved using Plan B. So I have been spending most of my waking hours over the last 20 years teaching parents and educators and staff in therapeutic facilities how to do Plan B and trying to come up with all kinds of ways to make sure that this information gets into the hands of anybody who needs it, which of course is also what brings us *Lives in the Balance* website where all of those vast resources are free.

Debbie: Great. Thank you so much for explaining that. It's so exciting to hear it from you. And it's just it all make sso much sense and I'm sure it's going to be so useful to our listeners. I would love to talk just a little bit about your book *Lost at School*. I'm

curious to know about what the response to that, you know, *Lost at School*. I know introduce a new approach to handling kids with behavioral challenges in school. And I know many of us ended up pulling our kids out of school to home homeschool because we just can't find a way to make it fit. I'm curious what the response was and continues to be to the ideas you're trying to share in the, in the education realm, and what you see as kind of the biggest barriers to us shifting the way things are happening in schools.

Dr. Greene: Well, number one, the response has been overwhelmingly positive. What I find is that the only people who don't respond positively to this way of thinking and this way of helping kids most of the time just doesn't understand the model or doesn't have enough information about it yet. So, the biggest concern in schools about applying the model is the amount of time it takes to solve a problem collaboratively with a kid. Now, I always point out to schools as a few different things. Number one, if we keep track of the amount of time that we're spending on the kid dealing with them, with the problem still unsolved, that is significantly more time than the amount of time it would take to solve the problem collaboratively with them. So although most school staff are very concerned about time when they're first learning about the model, by the time they're three or four months into actually learning the model and applying it, nobody's complaining about time anymore.

In fact, the familiar refrain is: This model saves time. I think that the biggest obstacle is that this is not 'the way we've always done it'. And most schools have a discipline program that has been set in stone for a very long time. It's the way we've always done it. If the way we've always done it, I always say was working really well, then we wouldn't still be losing kids at an astounding rate. Um, these are statistics that I cite frequently. We expel over 100,000 kids a year from American public schools. We give over 3,000,000 in school suspensions a year and an additional 3,000,000 out of school suspensions a year. We dole out countless dozens of millions of detentions every year. We still hit kids on the butt with a piece of wood to help them do good at school in 19 American states still. And we do that over 200,000 times a year and that's the way we've always done it. And the fact that we are still doing it is proof positive that it's not working very well at all for the kids who we are primarily doing it to. So the big obstacle is the 'way we've always done it'. Another obstacle is that many school staff have yet to access this information. Um, I find that once people access this information, they start to say to themselves, my goodness, we have been not doing well by a lot of our kids for a very long time. We've got to change our game here. And of course I and my staff at lives in the balance are always delighted to help a staff at a school or a facility, a change the game so that they are treating kids in ways that are a lot more compassionate and a lot more effective.

I would say that those are the big obstacles. What we're trying to do now is prove that when you implement CPS in a school, you're saving money both on assessment and on intervention.

We have already proven that in the juvenile detention system in the state of Maine, which has been implementing this model for about the last 10 or 12 years, 10 or 12 years ago, there were over 280 kids in juvenile detention in Maine and there are now and that's because we assist in helping them reduce their recidivism from about 65 to 70 percent to what it is now, which is around 15 percent and that represents a significant cost savings because it costs a hundred and \$20,000 a year to have a kid in a bed in juvenile detention and the state of Maine and that's even more expensive than other places. So when we start talking about that, that's when policy makers and legislators start to listen. We can't keep doing what we've always done or we're just going to keep losing kids at the rate that we're continuing to lose them.

Debbie: Statistics are just shocking to hear and, and exciting about the progress that you've seen in Maine. That is really incredible, not surprising, but incredible and, and good luck in continuing to do that. I mean, one of the last schools we were in Asher's teacher had been trained in CPS and I was really nervous because it was a new school and as soon as I found that out I was so relieved.

Dr. Greene: It's always nice to know that your kid is going to be treated in a way that is compassionate and humane and effective. I think that's what everybody, every parent wants from their kid's teacher.

Debbie: Absolutely. Well, what you were talking about too, I was checking out your recent work and I saw a trailer for a documentary called *The Kids We Lose*, which is very much about what you were just talking with us about. Could you tell us about that upcoming documentary?

Dr. Greene: Sure. Um, the name of the documentary, at least at the moment it could change is *The Kids We Lose*. There's a website for it called [thekidswelose.com](http://thekidswelose.com). It is a project that I am very passionate about. The goal is to show what still gets done to kids here in the year 2017. A lot of it, a brutal, inhumane, a lot of it man and handling, um, just by virtue of the fact that they are behaviorally challenging and that there are difficulties are poorly understood and that there are still being treated in ways that are obsolete. But it's also intended to be a very balanced documentary because while it is true that the kids are suffering, other people are suffering to, their parents are suffering, their parents often feel blamed for their child's behavioral challenges. Nobody's really paying attention to the fact that these very same parents almost always have well behaved kids in their home.

We want to be very balanced towards educators. Educators have more initiatives thrown at them than any other profession that I can think of. They are being... there's just very little time in an educator's data to do the kind of things for kids that teachers have always done. Teachers have always been among the most important socialization agents in our society. But when we throw high stakes testing at them and what we throw zero tolerance policies at them. By the way, the research tells us that zero tolerance policies didn't make things better. They made things worse. Then we are asking teachers to handle kids whose needs are not necessarily very well understood in a classroom of 20 to 25 other kids when a lot of those other kids have IEPs and learning issues and some of them have behavioral issues and social issues.

So we are really stacking the deck against classroom teachers in schools frequently. We want to be very balanced here. This is not a blaming documentary. It is not looking to make anybody look bad. It's just looking to capture the human element of a system that is so clearly broken and it's due out in April. We hope we meet that deadline, but, I think it's going to be shocking to many people what still goes on out there. But if you don't heighten awareness, then nothing happens. And so this is our effort to make sure that people know what's going on out there.

Debbie: Well, it looks fantastic. It really brought tears to my eyes. It was so powerful and I'm so excited about it. We will absolutely do what we can to spread the word and I'm excited for the change in the conversation that it can spark and I'm sure that it will, so congratulations and good luck on that project.

Dr. Greene: We have a wonderful filmmaker, Lone Wolf Media from south Portland, Maine. This is an Emmy Award winning company, so people get on the *The Kids We Lose* website, they'll learn about Lone Wolf Media as well. We are really have high hopes for this documentary in terms of changing the conversation and heightening awareness about what gets done out there and how hard it is for so many people.

Debbie: And listeners, I will leave links for, for all the things we've been talking about *Lives in the Balance* website and the website in the show notes so you don't have to be scrambling to write these down. Make sure you check them out. And Dr. Greene, before we go, I would love if you could just tell us about your most recent book *Raising Human Beings*. Can you just quickly tell us what that's about? I know it's aimed at a bit of a different audience, but I'd love to hear about it

Dr. Greene: It's aimed at all kids, not just those with behavioral challenges. The longer I have worked with kids with behavioral challenges and other kids who we might refer to as less challenging, the less difference I see between them. People for a very long

time had been saying to me, why would you only save the good stuff for a behaviorally challenging kid? Wouldn't you try to treat every kid this way? And the answer of course is yes, but there is a very compelling reason to treat every kid this way. And that is whenever I introduced this, when I'm speaking, I ask the audience if there were a little worried about the human species these days. And of course almost unanimously the answer is yes. I'm not going to go into the reasons that we might be worried about the species these days. But what I will say is that there are certain skills that defined the better side of human nature.

Skills like empathy and appreciating how one's behaviors affecting other people and resolving disagreements without conflict and taking another person's perspective and honesty that I think many of us are finding in short supply these days. Not only ourselves, but also in our politicians and our leaders and I think we have to get back to teaching those skills and modeling them for our kids and giving them as many opportunities for practice as we possibly can. And it turns out that when you are solving problems collaboratively and proactively, and this is what the research tells us, you are simultaneously teaching the skills that we just covered. Solving problems collaboratively helps people listen to each other and take each other's concerns into account. Come up with solutions that work for both parties. It's not about power, it's about collaboration. I find that power causes conflict and I find that collaboration causes agreement to break out all over. And I think that we need to start teaching these kids to these skills to our kids as early as possible and never let up. But I also think that we have to model it for them. And so *Raising Human Beings* has a double meaning it's not only my beliefs about how we ought to raise our kids, it's about how we caregivers, gotta raise our game and that's what that book is about.

Debbie: That's fantastic. It's generous. Fantastic work and congratulations on that. And I encourage listeners to check that out as well. And I'm gonna let you get on with your busy day. You are such a busy man and I am so grateful for this conversation and for everything that you shared with us today and for taking the time to talk with us. So thank you so much.

Dr. Greene: Always my pleasure. And you're a wonderful interviewer. So it was a pleasure talking.

Debbie: You've been listening to the TiLT parenting podcast for the show notes for this episode, including links to Dr. Greene's website *Lives in the Balance* is upcoming documentary the kids we lose and the other resources we discussed. Visit [tiltparenting.com/session81](http://tiltparenting.com/session81). And don't forget to check out my after the show three minute video where I share my three tips for how we've applied Dr. Greene's collaborative and proactive solutions model and our family. You'll find a link on the show notes page, or you can go straight to [tiltparenting.com/after the show](http://tiltparenting.com/after-the-show).



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**RESOURCES MENTIONED:**

- [\*The Explosive Child: A New Approach for Understanding and Parenting Easily Frustrated, Chronically Inflexible Children\*](#) by Dr. Ross Greene
- [\*Lives in the Balance\*](#) (Dr. Greene's website)
- [\*Lost at School: Why Our Kids With Behavioral Challenges are Falling Through the Cracks and How We Can Help Them\*](#) by Dr. Ross Greene
- [\*Raising Human Beings: Creating a Collaborative Partnership with Your Child\*](#) by Dr. Ross Greene
- [\*Lost and Found: Helping Behaviorally Challenge Students \(and While You're At It, All the Others\)\*](#) by Dr. Ross Greene
- [\*The Kids We Lose\*](#) (upcoming documentary)