Children do well if they can...

...if they can’t, we adults need to figure out what’s getting in the way, so we can help.
Your explanation guides your intervention...
Unconventional Wisdom: It’s a Learning Disability

- Research in neuroscience has shown that challenging kids are delayed in the development of crucial cognitive skills including flexibility/adaptability, frustration tolerance, and problem-solving.
  
  (Or)

- The child/person has the skills, but has significant difficulty applying these skills when they are needed the most.
“Skill not Will”
New Wisdom Intervention

• Treat challenging behavior like you would any other learning disability
• Identify the lagging skills contributing to the maladaptive behavior and teach them (collaboratively).
• Identify the problems which precipitate maladaptive behavior (antecedents).
• Use different approach to teach them in increments the kid can handle (basketball)
• Work collaboratively (together)
Collaborative Problem Solving
Model Overview

• Because this model views challenging behavior as the byproduct of a learning disability of sorts, the emphasis is on the child’s lagging skills rather than on his behavior.

  ➢ What’s going on in this kid’s head that we wish wasn’t?
  ➢ What isn’t going on in this kid’s head that we wish was?

Goals of Intervention:
Teach lacking thinking skills and solve problems with child rather than simply motivate him to change.
Challenging Behavior

- Occurs when a demand being placed upon a person outstrip the person’s capacity(skills) to respond in an adaptive manner.
Goals of Intervention

• Pursue unmet expectations
• Create or restore a helping relationship
• Identify and teach lagging thinking skills
• Durably and collaboratively solve problems
• Reduce challenging behavior
Research on Lagging Skills

• Executive Skills
• Language processing skills
• Emotion regulation skills
• Cognitive flexibility skills
• Social skills

The hand you’ve been dealt!
This is a list of the basic skills that most of us have, and most of use, most of the time. They help us meet the expectations of everyday life with relative calm.

The kids we are talking about, either do not have these skills at or can’t access them when they need them most.
It Takes Two to Tango: Problems to be Solved

• What’s the difference between a problem to be solved and a skills deficit?
  – A problem to be solved is the demand placed upon a child that they have difficulty handling (e.g., homework, getting down to work after lunch, etc.)
  – A skills deficit is the reason why the child has difficulty handling the demand (e.g., difficulty handling transitions, difficulty doing things in a logical sequence, etc.)
Assessment

Behavior

Problem to be Solved

Skills to be Developed
Lagging Skills and Problems to be Solved

“Behind every challenging behavior is either an unsolved problem or a lagging skill” (or BOTH)
You’ve got expectations!
About Expectations

Expectations are a good thing.

Just remember:

- It is hard for a child to meet an expectation that they aren’t aware of!
- It’s hard for a child to meet an expectation that doesn’t match his skill level!
I'M HUNGRY. CAN I HAVE A SNACK?

SURE. HELP YOURSELF.

YOU CAN HAVE AN APPLE OR AN ORANGE FROM THE FRIDGE.

EVEN THOUGH WE'RE BOTH TALKING ENGLISH, WE'RE NOT SPEAKING THE SAME LANGUAGE.
Unmet Expectations

If your expectations are not being met, you’ve got a problem and need a plan.

• Know what your options are and what each option accomplishes (or doesn’t!).

• Make sure you look at the problem(s) in terms of priority.

• Make sure you are clear on what your concern is and why you need the expectation being met!
CPS Treatment Ingredients

Assessment: Identify the specific problems and lagging skills precipitating the challenging behavior

Planning: Know your options for responding to these problems and what each option accomplishes

Intervention: Solve problems while building skills, confidence, and relationships.
Goals of Intervention

- Pursue unmet expectations
- Create or restore a helping relationship
- Identify and teach lagging thinking skills
- Durably and collaboratively solve problems
- Reduce challenging behavior
Three Plans

Plan A: Impose adult will

Plan B: Collaborative Problem Solving

Plan C: Drop it (for now)
Plan A

Impose Adult Will

Plan A language may sound like this:
• “No.”
• “You must.”
• “That’s just how it is.” (So true, sometimes!)
• “1-2-3.” (arrrgh!)
• “Because I said so.”
• If you don’t do this now it’s going to get worse
When using Plan A, answer these questions:

Is this worth potentially provoking a meltdown?
Is this a safety issue?
Isn’t there some way I can be flexible here?
Is this a reasonable expectation for this child right now?
Could I drop this right now and talk to him/her later?

*It is difficult and perhaps impossible to be completely void of Plan A. If you must use A, be mindful of your delivery!*
Plan C

Drop it (for now)

*Taking the time to consider if a particular expectation is necessary to pursue, and consider ‘dropping it for now’.*

- Reducing or removing a given expectation.
- Highly effective at reducing a youth’s level of frustration.
  - Adults either say nothing or do not object (e.g., “OK”).
- The goal of pursuing what the adult believes to be important is not achieved.
- Plan C is not “giving in” or “ignoring”.
  - “Giving in” occurs when the adult starts with Plan A, then switches to Plan C to avoid discomfort.
CPS Treatment Ingredients

Assessment: Identify the specific problems and lagging skills precipitating the challenging behavior

Planning: Know your options for responding to these problems and what each option accomplishes

Intervention: Solve problems while building skills, confidence, and relationships.
# Goals Accomplished by Plans

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Why Plan B?

• The child has shown he needs someone to serve as his “tour guide” for navigating problems and regulating emotions

• Over time, teaches the child skills so he won’t need the help for the rest of his life
Plan B

Collaborative Problem Solving:
Adult and child collaborate to solve problems with a mutually satisfactory solution.

Use Plan B to:
- pursue unmet (reasonable) expectations
- identify and teach lagging thinking skills
- collaborate to solve problems durably
- reduce likelihood of challenging behavior
  - improve relationships
Emphasis: Proactive Not Reactive

**PROACTIVE PLAN B:**
Conversations happen well before a maladaptive behavior recurs (crises prevention) and is more likely to solve problems durably.

**EMERGENCY PLAN B:**
Waiting until you are in the middle of a (highly predictable) problem before attempting a Plan B dialogue.
Emergency B

Don’t rely on it, remembering that kids drop skills rapidly as they decompensate, and by the way, so do adults. (30 IQ points)
Humpty Dumpty
Plan B Entry Steps

1. Empathy/Understanding
   *Gets the child’s concern and/or perspective on the table, and gather important information. (Michigan Study)*

2. Define the problem
   *Gets the adult concern on the table.*

3. Invitation to solve
   *“Is there a way we can work that out together?”*
Definition of an Ingenious Solution:
Any solution that two parties agree is realistic and mutually satisfactory

*Invitation mantra: Don’t be a genius.*

(We must be flexible to teach flexibility.)
Hey Dad, how does a carburetor work?

I can't tell you.

Why not?

No it isn't! You just don't know!

It's a secret.
Plan Videos
Indirect Skills Training

• Problem solving through skills training
  – Many skills are tough implicitly through problem solving process using Plan B
    • *Empathy/Understanding* trains identifying, clarifying and expressing concerns, separating affect
    • *Define the Problem* trains taking another ‘s perspective, recognizing impact on others and how one comes across, empathy
    • *Invitation/Brainstorming* trains generation of solutions, anticipating and considering likely outcomes, moving off of original idea

*The entire proactive process trains organized, reflective, flexible thinking and problem solving*
Indirect Skills Training

• The bad news: we adults have lagging skills too!

• The good news: our initial attempts at Plan B usually reveal that skills we lack
  – Every time adults try plan B we are practicing our skills too.
Direct Skills Training

• Sometimes necessary
• Requires more relationship and transfer of skills
• Same steps of Plan B should still be present
Hi there, Calvin. I understand you're not feeling well.

Me? I'm fine! I just sit around torture chambers in my underwear for kicks. Let's see your degree, you quack!

I'm not going to hurt you. I'm just going to examine you to see what's wrong.

I'll tell you what's wrong! I've got Dr. Frankenstein for a pediatrician, that's what's wrong!

Nurse, call the anesthesiologist in here, will you please?

My dad's a lawyer, I'll have you know! Don't come near me!
References

Books

Treating Explosive Kids (Greene and J. Stuart Ablon)
Lost at School (Ross Greene)
The Explosive Child (Ross Greene)
Born for Love (Bruce Perry)
Relaxation Revolution (Herbert Benson)
The Sun My Heart (Tich Nhat Hanh)
Resources

For excellent videos, tools, social networking and Thinking Skills Inventory, visit:

- [www.thinkkids.org](http://www.thinkkids.org) (resources)
- [www.mythinkkids.org](http://www.mythinkkids.org) (social networking)
- [www.livesinthebalance.org](http://www.livesinthebalance.org) (resources)
- [www.childtraumaacademy.org](http://www.childtraumaacademy.org) (articles services)
- [http://www.mgh.harvard.edu/bhi/](http://www.mgh.harvard.edu/bhi/) (Benson-Henry Institute)
Gandhi

– “Be the Change you want to see in the world.”

– “If you think you’re enlightened, spend a week with your parents”
Research Slides
Research: Inpatient
(Greene, Ablon, et al, 2005)

- Implementation of CPS on an inpatient psychiatry unit (Child Assessment Unit, Cambridge City Hospital)
- Age range of patients = 3-13 years
- Training of staff included weekly supervision (twice a week, two hours each session) for a duration of approximately six months
- Prior to implementation, unit characterized by very high levels of physical, chemical, and mechanical restraint, locked-door seclusion, and staff injuries.
Reducing Restraints on a Child Inpatient Unit

Absolute number of mechanical restraints, chemical restraints, seclusion events, and physical holds by month.
Physical Holds < 5 Minutes
Research: Inpatient
(Greene, Ablon, et al 2005)

- Implementation of CPS was associated with complete elimination of chemical and mechanical restraint and locked-door seclusion (since 2002)
- Physical holds >5 minutes decreased from 10 in 2004 to 2 in 2007 and 0 in 2008
- Staff and patient injuries were significantly reduced; no serious injuries in 2008
- Staff turnover (once as high as 20%) has virtually ceased
- Acuity of unit was constant over time
Five-year prospective replication study by independent investigators at Yale - New Haven Children’s Hospital Inpatient Psychiatry Unit

- 15-bed psychiatric unit for school-age children.

- 755 children were hospitalized for a total of 998 admissions from fiscal years 2003 to 2007 (median age=11 years; 64% boys). Average length of stay was 29 days. Data were collected for three years before and 1.5 years after the six-month implementation of CPS.
Effect on Restraints / Seclusions
@ Yale- New Haven Children’s Hospital Inpatient Psychiatry Unit
Research: Inpatient

• Since implementing the model at Ohio Hospital for Psychiatry
  – One year seclusion free
  – 95% reduction in restraints
  – Staff turnover under 3%
  – Only hospital in Ohio that is 100% seclusion free
Research: Project Oregon
(Ensroth & Crombie, 2009)

• Child and adolescent psychiatric hospital unit at Emanuel Children's Hospital in Portland, Oregon.
• 17 bed capacity, 7 day average length of stay, treats patients 9 to 18 years old.
• Results sustained despite steady increases in hospital unit census and patient acuity.
Effect on Restraints / Seclusions
@ Emanuel Children’s Hospital
Research: Project Oregon

- Data from state-wide and state-sponsored implementation using systems of care approach
  - Implemented the model in inpatient, residential, day treatment and outpatient settings as well as therapeutic schools, treatment foster care and in home services
Research: Project Oregon

- Trillium Family Services’ Children’s Farm Home (residential treatment facility)
Bend La Pine Schools, Off-Campus Behavior Programs (Reinhart & Mills, 2009)

- Specialized behavior program for adolescents, 64% free & reduced lunch qualified, 15% history of multiple psychiatric hospitalizations, 35% history of placement in a mental health treatment facility, 25% history of sexual abuse, 60% history of trauma, abuse, in-home substance abuse and/or severe family dysfunction.

- Prior to implementation: 1–2 physical restraints of students per week, and 3–5 involuntarily seclusions per week

- During this first school year of school-wide implementation: 5 restraints and less than 5 seclusions for the entire year
Research in Schools: Project Oregon

Minutes Out of Class per Year

- Pioneer Special Schools: specialized K - 6 behavior program for the Portland, OR Public Schools
Research in Schools: Project Oregon
Minutes in De-Escalation Room per Year

Pioneer Special Schools: specialized K - 6 behavior program for the Portland, OR Public Schools
Think:Kids
RETHINKING CHALLENGING KIDS

When adults rethink challenging kids, amazing things can happen.

Visit us at...

www.thinkkids.org