

A NEW TOOL FOR TREATMENT- RESISTANT KIDS

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FOR MORE INFORMATION

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WHY A NEW TOOL?

WHAT ARE WE USING NOW?

1) **PSYCHOTHERAPY**

2) **BEHAVIOR THERAPY**

3) **MEDICATION**

4) **Milieu Therapy**

WHAT IS CPS?

Philosophy: Kids do well if they can (our kids can't).

Mantra: Behind every challenging behavior is an unsolved problem or lagging skill (not just poor parenting or abuse).

Knowledge: Traditional discipline doesn't teach skills or show kids how to solve problems (CPS does).

Mission: When therapy, medication, and behavior methods are not enough, we can still employ CPS (successfully).

Methods: *Plan A* is more discipline; We use *Plan B* (CPS); *Plan C* is to drop your expectations (picking your battles).

The 3 Ingredients: Empathy, Define the Problem, and the Invitation (to problem-solve collaboratively).

IS CPS EVIDENCE-BASED?

Collaborative Problem Solving (CPS) is an evidence-based, skill-based, psychosocial treatment approach first described in the book The Explosive Child (Greene, 1998).

However, since that time, the evidence for the efficacy of this tool has been very strong. That research has demonstrated that CPS helps reduce seclusion!

Epstein, T., & Saltzman-Benaiah, J. (2010). Parenting children with disruptive behaviors: Evaluation of a Collaborative Problem Solving pilot program. *Journal of Clinical Psychology Practice*, 27-40.

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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.

WHY CPS?

It may be that other strategies have not worked.

Did not respond to medications.

Did not respond to psychotherapy.

Did not respond to behavior methods.

Did not respond to milieu therapy

Treatment resistance is certainly one good reason for CPS.

Sometimes, CPS might be the first intervention tried. This is true for populations of brain impaired or Bipolar kids.

HOW DOES IT WORK?

Find repeated temper outbursts. Search for the pattern.

Is it always around homework?

Find the “unsolved problem” .

I forget my homework assignment

Find the skill deficit

Poor memory skills

Wait for a calm period (do not do CPS during a tantrum).

Brain storm with kid, to find a solution to the “unsolved problem” to bypass the skill deficit. Perhaps write it down, or ask teacher for written assignment sheet.

ANOTHER EXAMPLE

Find temper outbursts. Search for the pattern.

Mostly around class-work.

Find the “unsolved problem” .

Don’t know how to get started.

Find the “skill deficit”.

Poor executive cognition (can’t plan well).

Wait for a calm period (do not do CPS during a tantrum).

Brainstorm with kid, how to resolve this problem.

Perhaps get a study buddy, or ask teacher how to begin, or have teacher highlight key points in assignment.

ANOTHER EXAMPLE

Find temper outburst pattern.

Mostly in response to peer teasing.

Find unsolved problem.

Don't know how to stop peer name-calling .

Find skill deficit.

Poor language skills (hits peer, rather than talk).

Wait for a calm period (do not do CPS during a tantrum).

Brainstorm with kid; perhaps hold up a sign that says "Sticks and stones may break my bones but names will never harm me." Or tell teacher, rather than hit peer.

IS CPS DIFFERENT IN THERAPY VS SCHOOL?

- 1) **Schools use tools such as: Assessment of Lagging Skills and Unsolved Problems (ALSUP) to find skill deficits.**
 - 1) The ALSUP tool is in Greene's book on CPS.
 - 2) It is a checklist of likely skill deficits
 - 3) But it requires some guessing about which deficit is associated with which unsolved problem.
- 2) **We do not need to guess about skill deficits because we have Neuropsychological testing that shows them.**
 - 1) This is also how Dr. Greene does his CPS.
 - 2) Measuring skill deficits (e.g., memory, language, attention, executive cognition deficits) is more accurate.

HOW DOES "SKILL-BASED" TRAINING DIFFER?

All kids need to learn skills for life. But, brain impaired kids and Bipolar kids have particularly strong "deficits" in cognitive skills.

Generic skills include conflict resolution, social skills, anger management skills, relaxation skills, etc.

Teaching generic skills is different than CPS.

CPS uses one particular problem-solving skill that is taught, in a collaborative manner, to kids with cognitive deficits that are causing temper outbursts due to frustration.

DOES CPS REPLACE PSYCHOTHERAPY/MEDS?

No, CPS might replace level systems and point systems. Psychotherapy and meds are still needed.

CPS assumes that the kids explode out of frustration because they lack the skills to problem-solve effectively.

If the problem is a lack of skills, then the answer is not to treat it as a motivational problem (rewards and punishments).

Rather, the approach is to understand the skill deficit and help the kid to solve problems in spite of it.

Still need medications. Still need psychotherapy.

WHAT ELSE IS NEEDED? NEW MILIEU?

1) **Avoid confrontation:**

- 1) Don't get in their face and scold them.

2) **Reduce stimulation levels:**

- 1) They get over-stimulated easily.
- 2) Get eye contact when giving directives

3) **Add structure:**

- 1) Use lots of routines.
- 2) Have a fixed schedule (warn about changes).

4) **Use POSITIVE discipline:**

- 1) Minimize punitive approaches
- 2) Getting tough never works with brain-impaired /Bipolar

DOESN'T PROBLEM-SOLVING THERAPY EXIST ALREADY?

Yes, there is a form of psychotherapy by that name, but this is a different therapy than CPS.

Drs. Arthur Nezu and Christine Maguth Nezu developed a positive, goal-oriented, cognitive–behavioral intervention to improve an individual's ability to cope with stressful life experiences. The name is Problem Solving Therapy.

The underlying assumption of this approach is that symptoms of psychopathology may be understood as the negative consequences of ineffective coping.

Method includes psychoeducation, interactive problem-solving exercises, and motivational homework assignments.

WHAT DOES CPS DO?

A kid may have already learned to solve some problems, but there are still 'unsolved problems' where the skill deficit is causing frustration that produce temper episodes.

These are not motivation issues where discipline is needed. These are problems that the kid has not solved, and where CPS is needed to help teach a way to solve that problem.

CPS does not stabilize moods, treat depression, decrease anxiety, solve family dynamic issues, improve chemistry in the brain, or provide any of the benefits from medication and psychotherapy. It just teaches how to solve one problem.

First, find an unsolved problem (causing outbursts). Then, identify the skill deficit. Then, work together to solve it.

IS PROBLEM-SOLVING SUCH A BIG DEAL?

There are many skills that kids need to learn:

- 1) Anger management skills**
- 2) Conflict resolution skills**
- 3) Relaxation skills**
- 4) Communication skills**
- 5) Organizational skills**

But for neuropsychiatric kids, who tend to have many types of cognitive skill deficits, it is critical that they learn to solve problems in spite of their skill deficits. It is one more tool we can give them to manage their lives better.

WHAT COGNITIVE SKILL DEFICITS?

The CPS deficits sound a lot like frontal lobe disorder:

(e.g.: flexibility/adaptability, frustration tolerance, problem solving are all part of frontal lobe executive function)

The deficit areas in CPS model include:

- 1) Executive skills (organization)**
- 2) Language processing skills**
- 3) Emotion regulation skills**
- 4) Cognitive Flexibility Skills**
- 5) Social skills**

DOES CPS REMEDIATE THESE SKILL DEFICITS?

NO! The CPS Model is one of overcoming skill deficits; not trying to remediate them. It's not generic problem-solving.

For example, Speech Pathology would be used to remediate language processing skills.

In contrast, CPS tries to teach kids how to solve problems in spite of memory deficits, or any other cognitive processing deficit.

With CPS the kid may learn how to solve a troublesome (“unsolved”) problem in spite of a memory problem.

CPS helps kids find tools for solving “unsolved” problems that are specific, concrete, and important in their lives.

HOW TO FIND “UNSOLVED” PROBLEMS

Temper outbursts are not usually random.

They occur in patterns, in response to certain triggers.

Look for repeated outbursts in similar situations.

Are they more often during morning hygiene?

Is it more often during homework?

Do you see it when stopping a fun activity?

Is it related to bedtime or morning issues?

Does it occur more often at mealtime?

Use Assessment of Lagging Skills and Unsolved Problems

WHAT IS ALSUP?

Assessment of Lagging Skills and Unsolved Problems

(ALSUP) is Dr. Greene's checklist of the most common issues for which CPS is used. For example:

Lagging skills:

Difficulty handling transitions

Difficulty starting/ stopping/finishing an activity

Inflexible and distorted cognitions

Unsolved Problems:

Compliance with staff directions

Dealing with frustration

Coping with teasing

MAYBE WE ARE ASKING TOO MUCH?

Do adults ask too much of a brain impaired kid?

What if adults demanded less, and placed fewer limits?

What if we just reduced our demands (pick your battles)?

It is OK to pick your battles. Perhaps, you have bigger fish to fry (e.g., aggression) than cursing.

Kids have to get up, get dressed, do hygiene, have meals, go to school, do homework, do chores, etc. Adults can modify their demands, but it is not helpful to just eliminate all demands, set no limits, and give them whatever they want.

SO WHAT SHOULD ADULTS DO?

1) Stop assuming that “explosive behavior” is due to bad, inconsistent, abusive, or absent parenting.

“Simple misbehavior” may be related to parenting, but “temper outbursts” are usually due to a brain disorder.

2) Do assume that kids will usually behave well if they can.

Temper outbursts are not poor choices by a kid who is in control.

3) Don't assume misbehavior is all due to poor motivation or manipulation.

Getting tough is “not” an effective strategy in the management of “temper outbursts”.

HOW IS CPS DIFFERENT?

Don't adults teach kids how to solve problems all the time?

1) CPS does not just “teach generic problem-solving. It is aimed at specific “unsolved” problems. It is also “collaborative” , which means that the kid is an active participant in learning how to solve that problem.

2) CPS looks for the “why” and “when” of explosive behavior, not just what behavior did they display.

3) CPS finds the “lagging skill” that is preventing the child from responding to adult demands or limit-setting.

4) CPS is not crisis management. It waits for calm times to explore “collaboratively” possible solutions to a problem, trying to overcome or bypass the skill deficit.

WHAT IS THE CPS PROCESS IN BRIEF?

- 1) **Empathy**: Taking the time to gather information about the kid's perspective on the unsolved problem.
 - 1) CPS is neither simple nor fast.
 - 2) It takes time, but hopefully the problem is solved forever.
- 2) **Defining the problem**: Looking at the adult's concern and comparing it to the kid's perspective.
 - 1) Adult wants the kid to do hygiene for health issues.
 - 2) The kid can't recall the steps needed (memory deficit).
- 3) **The Invitation**: Inviting the kid to brainstorm with the adult in considering solutions that overcome deficits.
 - 1) Solutions must address concerns of both adult and kid.

PARENTS MAY ALSO USE CPS:

- 1) **Empathy**: Taking the time to gather information about the kid's perspective on the unsolved problem (e.g., curfew).
 - 1) Parent: "Why is our curfew a problem for you?"
 - 2) Kid: "It prevents me going to most parties."
- 2) **Defining the problem**: Looking at the adult's concern and comparing it to the kid's perspective.
 - 1) Parent: "I worry about unsupervised parties, and you may forget your medication (attention deficit)."
- 3) **The Invitation**: Inviting the kid to brainstorm.
 - 1) Kid: "I could have their parents call you."
 - 2) Parent: "And I can call you to remind you of your meds."

DOES CPS DIFFER FROM BEHAVIOR MOD.?

Behavior Modification:

In practice, the primary concern is what happens after the behavior (reward or punishment). For modification of simple misbehaviors (not explosive), this may be helpful. We modify behaviors, for the most part, by controlling what happens after the behavior occurs.

CPS:

The primary concern for CPS is the antecedent, or what comes before the behavior. It is looking for the deficits and the triggers for explosive behavior. It is a process by which the deficits are bypassed while solving problems, without causing the usual 'trigger' for an explosive event.

SUMMARY

Repeated temper outbursts may be resistant to our best efforts (meds, psychotherapy, milieu, behavior mod.)

Collaborative Problem Solving (CPS) is designed as an alternative to rewards and punishments.

It assumes that meltdowns are due to cognitive deficits. It also assumes they are not simply due to discipline issues.

In CPS, the one finds the skill deficit causing the frustration that triggers the temper outburst.

In collaboration with the kid, the we brain-storm a solution to overcome the deficit and solve the problem.

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