

Collaborative and Proactive Solutions (CPS): A Clinician's Experience



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Our background:



- Describing experience as a clinician doing CPS as part of a study comparing PMT and CPS for 7-14 year olds with ODD
- Therapists = randomly allocated to condition.
- Clinical Psychologists and Clinical Psychology interns with no previous experience in CPS (predominately trained in CBT)
- Clinicians learned CPS through:
 - * a training workshop and Skype supervision with Ross Greene
 - * reading “the Explosive Child” (Ross Greene 2014)
 - * accessing resources (videos, podcasts) through Ross Greene’s website www.livesinthebalance.org

CPS in a nutshell:



- Children do well if they CAN (rather than “if they WANT to”)
- Challenging children are challenging when the demands or expectations being placed upon them exceed the skills they have to respond adaptively
- *Goals of CPS:*
 - A) identify the skills a challenging child is lacking
 - B) identify the specific expectations the child is having difficulty meeting (referred to as Unsolved Problems-USPs)
 - C) help the child and adult collaboratively solve these problems

Case Illustration: Lucy Age 8



- Child: Lucy, Age 8 Mum: Jan
- Background: Single mum. Lucy has two older half sisters (aged 19 & 26)
- Lucy stays with dad one night per week
- **Presenting issues:**
 - Very defiant and rude at home with Mum and sisters
 - Refuses to do what Mum asks (going to bed, eating dinner, homework)
 - Pushing mum for last 3 months: “If you did what I want, I wouldn’t do that to you”
 - Constantly whinges and shouts. Snatches mum’s glasses off her face and throws them when angry.

Case Illustration: Lucy Age 8 cont.

- very demanding with mum and sisters: ('take me here', 'I want this, give it to me now!')
- Constantly demanding attention (eg. 'if you won't play, it means you don't love me')
- Deliberately annoys mum and siblings
- Quiet and compliant at school
- Some issues with friends: very bossy- expects them to do what she wants
- According to Mum, Lucy has no issues with Dad because Dad dotes on her, lets her do whatever she wants and buys her what ever she asks for (and only spends one night per week with him)
- Lucy's behaviour has been like this 'for as long as Mum can remember'

Assessment: Pre therapy ADIS (Silverman & Albano 1996)



- Oppositional Defiant Disorder: 7/8 (very disturbing/severely disabling)
- Social phobia: 5/8
- Generalised Anxiety Disorder: 5/8

Sessions 1 & 2 (*Type 1 Sessions*)



- Use the Assessment of Lagging Skills and Unsolved Problems (ALSUP) instrument.
 - Systematically go through list of Lagging Skills
 - Ask: “Does Lucy have difficulties with this?”
 - If so, ask Mum:
 - “What are some specific examples of when Lucy has difficulties with this?”
 - “What expectation is she having difficulty meeting?”
- The specific examples identified are the *Unsolved Problems* (USP’s)

ALSUP

LAGGING SKILLS

- Difficulty handling transitions, shifting from one mindset or task to another
- Difficulty doing things in a logical sequence or prescribed order
- Difficulty persisting on challenging or tedious tasks
- Poor sense of time
- Difficulty maintaining focus
- Difficulty considering the likely outcomes or consequences of actions (impulsive)
- Difficulty considering a range of solutions to a problem
- Difficulty expressing concerns, needs, or thoughts in words
- Difficulty managing emotional response to frustration so as to think rationally
- Chronic irritability and/or anxiety significantly impede capacity for problem-solving or heighten frustration
- Difficulty seeing "grays"/concrete, literal, black & white, thinking
- Difficulty deviating from rules, routine
- Difficulty handling unpredictability, ambiguity, uncertainty, novelty
- Difficulty shifting from original idea, plan, or solution
- 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")
- Difficulty attending to 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 others
- 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
- Sensory/motor difficulties

UNSOLVED PROBLEMS

Examples of USPs identified on the ALSUP



- *46 USP's identified in total, including:*
 - Difficulty staying in bed at night after lights out at 8pm
 - Difficulty going from playtime to swimming lessons on a Wednesday afternoon
 - Difficulty staying more than one night a week at dad's house
 - Difficulty going from playing on the ipad to the dining table when Mum tells her it is time for dinner
 - Difficulty when mum takes phone calls from Grandma when Lucy is around

Reflections on the ALSUP:



- This process often pivotal in ‘changing the parent’s lens’
- Jan: “Maybe Lucy isn’t deliberately being bad or nasty. I can see that she struggles with transitions, flexibility and managing frustration which obviously makes it hard for her deal with certain situations”

Session 3: (*Type 2 Session*)



- *Psycho educational session:*
- Explain the different options for dealing with USPs:
- Plan A: Adult imposed consequences:
“I’ve decided that..” Unilateral. Uninformed.
- Plan B (CPS): Informed. Collaborative. Proactive
- CPS principle: Unless you identify and address the concerns of the child and the adult you are not going to come up with a durable solution

Three Steps of Plan B for an USP:



- ***Empathy Step:*** Gather information from child to understand his/her concerns & perspective on the USP (use 'drilling techniques' to get information)
- ***Define Adult Concerns Step:*** Adult discusses his/her concerns/perspective (usually how the USP affects the child or others)
- ***Invitation Step:*** Brainstorm and evaluate possible solutions to the USP. Solutions must be realistic and mutually satisfying (ie. address everyone's concerns)
- Clinician demonstrates (Type 3 Session) then coaches (Type 4 Sessions) family in the use of Plan B

Plan B for USP:

Lucy having difficulty staying in bed



- **Empathy Step:** *“I’ve noticed you’re having difficulty staying in bed when the lights go out at 8pm on a school night. What’s up?”*
- **Lucy:** I don’t know, I just don’t want to → *Lots of ‘drilling’ required* → I’m not tired at all, so I get totally bored; window rattles and it’s noisy; I’m worried someone might break in; it’s lonely in my room
- **Define Adult Concerns:** You don’t get enough sleep and then you’re tired the next day (cranky and hard to concentrate); I’m at work all day and need some time to self; we end up arguing and getting angry at each other

Plan B for USP:

Lucy having difficulty staying in bed cont.



NB: had previously agreed on a chocolate bar in Lucy's lunchbox the next day as a reward if she stayed in bed- worked for 2 nights and then stopped.

Not durable as not informed-underlying concerns not addressed

- **Invitation Step** (agreed upon solutions):
- Mum go to through and show Lucy security measures in house that would keep intruders out; put wedge in window to stop it rattling; Lucy gets to read for 15 mins in bed to wind down (ie. lights out 15 minutes later), put a story CD on to go to sleep; cat to sleep on bed for company
- Outcome: USP resolved

Outcomes:



- 16 sessions completed.
- In session, durable solutions arrived at for 10 of the USP's identified. Others being addressed outside sessions
- Family using the model consistently at home (by session 7 mum rated they were using skills 75% of the time during the week at home)

- Post therapy ADIS:
- Social Phobia 4/8
- ODD 3/8 (sub clinical range)



- Satisfaction questionnaire:
- Extremely satisfied with program
- *Most helpful components:*
- “Using the drilling method with my child to really get to the core of what was concerning her”
- “Lucy getting used to putting her concerns into words rather than just lashing out”
- “Coming up with solutions to problems which work for both of us and that we sort out calmly”



Some challenges experienced as a CPS Clinician:

Most common challenge:



- The child's input is crucial in CPS:

Plan B's are done ***with*** the child rather than ***to*** them

Examples:

- * Child doesn't want to leave 'fun' waiting room to come into 'boring' session → increase the 'fun factor'
- * Child has selective mutism → use 5 finger technique
- * Child/step-parent relationship so acrimonious child scared to raise concerns in front of step parent → use ground rules and 'shuttle diplomacy'

Other challenges:



- Managing significant co-morbidities
- Managing parental discord
- Managing children who have difficulty focussing in session
- Managing parents committed to a rewards/punishment approach which doesn't fit with CPS

Conclusion:



- From a therapist's perspective, CPS model feels respectful and non-punitive.
- Takes away blame element.
- Kids like having their concerns heard and taken into account and having input into the solutions
- High level of satisfaction from families