

# Collaborative & Proactive Solutions

THIS IS HOW PROBLEMS GET SOLVED

## Clinical family intervention with the CPS model

Please turn off  
your video and  
mute yourself.  
Thank you!

You will have opportunity to ask questions at the  
end of the presentation.



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## CPS model in a family

1. First telephone contact to make an overview of the family's request.
2. First appointment with both parents or any adults in charge of the child.
3. Treatment plan.

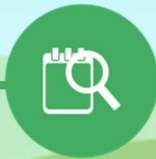
# Treatment Plan

Collaborative & Proactive Solutions

## How the Certified Trainer teaches the CPS Model

### SESSION TYPES

#### Type 1



Explain the CPS Model & complete the ALSUP with caregivers

#### Type 2



Explain the three Plans & the three steps of Plan B to caregivers

#### Type 3



Demonstrate/teach the Plan B discussion for caregivers

#### Type 4



Coach caregivers in their use of Plan B with the kid

#### Type X



Check Point between the 'Type' Sessions to explore anything that gets in the way of doing CPS.

# Type 1 session

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## 1. ALSUP

- Gathering information about the kid's lagging skills and unsolved problem.

**\*\*Promoting independence with the caregiver\*\***

- Teach how to use the 2 strategies and respect all the guidelines in the wording of the unsolved problem

# New ALSUP

## ALSUP 2020

ASSESSMENT OF LAGGING SKILLS & UNSOLVED PROBLEMS

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CHILD'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

The ALSUP is intended for use as a **discussion guide** rather than as a freestanding check-list or rating scale. It should be used to identify specific lagging skills and unsolved problems that pertain to a particular child or adolescent.

**LAGGING SKILLS:** This section will help you understand the child's difficulties with greater accuracy. Instructions for completing this section can be found on the ALSUP Guide. Please note that these **lagging skills** are **not** the primary focal point of intervention. In other words, you won't be discussing the lagging skills with the student, nor will you be teaching most of the skills explicitly. The primary targets of intervention are the unsolved problems you'll be documenting in the next section.

### LAGGING SKILLS

<input type="checkbox"/> Difficulty handling transitions, shifting from one mindset or task to another	<input type="checkbox"/> Difficulty shifting from original idea, plan, or solution
<input type="checkbox"/> Difficulty persisting on challenging or tedious tasks	<input type="checkbox"/> Difficulty taking into account situational factors that would suggest the need to adjust a plan of action
<input type="checkbox"/> Chronic irritability and/or anxiety significantly impede capacity for problem-solving or heighten frustration	<input type="checkbox"/> 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")
<input type="checkbox"/> Difficulty considering the likely outcomes or consequences of actions (impulsive)	<input type="checkbox"/> Difficulty attending to or accurately interpreting social cues/poor perception of social nuances
<input type="checkbox"/> Difficulty considering a range of solutions to a problem	<input type="checkbox"/> Difficulty starting conversations, entering groups, connecting with people/lacking other basic social skills
<input type="checkbox"/> Difficulty expressing concerns, needs, or thoughts in words	<input type="checkbox"/> Difficulty appreciating how his/her behavior is affecting others
<input type="checkbox"/> Difficulty managing emotional response to frustration so as to think rationally	<input type="checkbox"/> Difficulty empathizing with others, appreciating another person's perspective or point of view
<input type="checkbox"/> Difficulty maintaining focus	<input type="checkbox"/> Difficulty handling unpredictability, ambiguity, uncertainty, novelty
<input type="checkbox"/> Difficulty seeing "grays"/concrete, literal, black & white, thinking	<input type="checkbox"/> Sensory/motor difficulties

**UNSOLVED PROBLEMS GUIDE:** Unsolved problems are the specific expectations a child is having difficulty meeting. The wording of an unsolved problem will translate directly into the words that you'll be using when you introduce an unsolved problem to the child when it comes time to solve the problem together. Poorly worded unsolved problems often cause the problem-solving process to deteriorate before it even gets started. Please reference the ALSUP Guide for guidance on the four guidelines for writing unsolved problems. Prompts to assist in identifying unsolved problems are below.

### UNSOLVED PROBLEMS

#### SCHOOL/FACILITY:

Are there specific tasks/expectations the student is having difficulty completing or getting started on? Are there classmates this student is having difficulty getting along with in specific conditions?  
Are there tasks and activities this student is having difficulty moving from or to?  
Are there classes/activities the students is having difficulty attending/being on time to?

#### HOME/CLINIC:

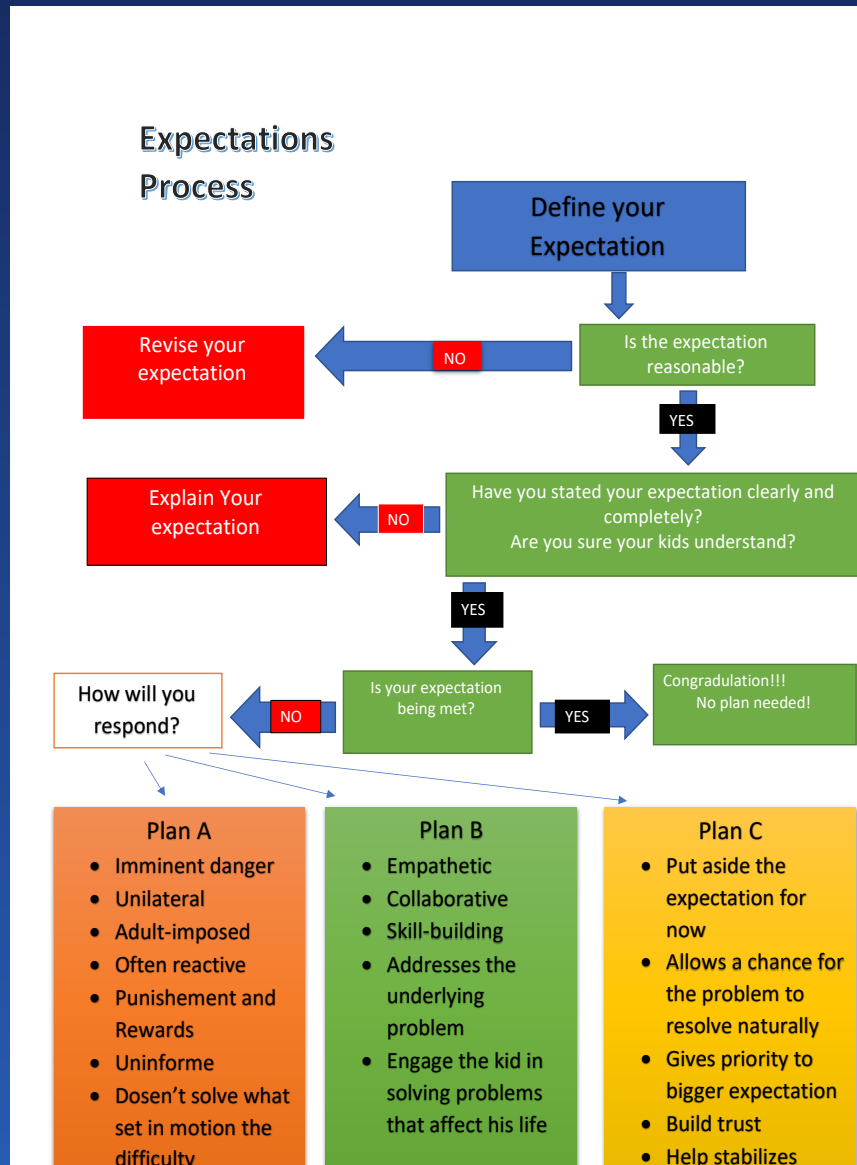
Are there chores/expectations/tasks/activities the child is having difficulty completing or getting started on? Are there siblings/other children the child is having difficulty getting along with in specific conditions?  
Are there aspects of hygiene the child is having difficulty completing?  
Are there activities the child is having difficulty ending or tasks the child is having difficulty moving on to?

REV 03/20



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# Expectation Process



# Type 2 session

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### Type 2 Session Guide

#### **General: Goals of a Type 2 session:**

- Describe the three Plans to caregivers
- Describe the three steps of Plan B to caregivers
- Gauge caregivers' reactions to the three Plans, clarify points about which they may be confused, and facilitate a discussion about how Plan B may differ from the ways in which they've been solving problems thus far

#### **Crucial Points to Cover for the Plans:**

- First, pick an unsolved problem from the already-completed ALSUP to use when contrasting Plans A, B, and C
- Second, emphasize that intervention should be **proactive** rather than reactive, made possible by the fact that the unsolved problems have already been identified and prioritized
- Start with Plan C; emphasize that Plan C involves *setting aside* an unsolved problem and that doing so helps **prioritize** so as to avoid trying to solve every problem at once
  - Provide an example of what Plan C would sound like on the selected unsolved problem (both setting it aside [silence] and coming up with an interim plan)
- Point out that both Plan A and Plan B represent an attempt to solve a problem
  - Points about Plan A:
    - Solutions arrived at via Plan A are **unilateral** (the adult is deciding on the solution and imposing the solution on the kid) and **uninformed** (the adult does not gather information from the kid about what's making it difficult for him/her to meet the expectation)
    - Plan A often causes challenging behavior
    - Plan A begins with the words "*I've decided that...*"
    - Distinguish between an *expectation* and a *solution to an unmet expectation* (the latter is Plan A)
    - Provide an example of what Plan A would sound like on the same selected unsolved problem
  - Points about Plan B:
    - Solutions arrived at via Plan B are **collaborative** (the adult is partnering with the child in solving the problem) and **informed** (the adult is gathering information from the kid about what's making it difficult for him/her to meet the expectation)
    - Plan B is a problem-solving *partnership*; it's something adults are doing *with* the kid rather than *to* him
    - Plan B engages the child in solving the problems that affect his/her life

# Type 3 session



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The Next Generation of Solving Problems Collaboratively

## Type 3 Session Guide

### *General: Primary goals of Type 3 sessions:*

- Demonstrate Plan B for the family on an actual unsolved problem, thereby expanding on the information provided to caregivers in the previous Type 2 session. This is primarily accomplished by narrating virtually all aspects of Plan B *as they occur*, as described below.
- Provide the family/educators/staff and child with their first experience in solving problems collaboratively

### *Points to Narrate in the Empathy step:*

- Since the child was not involved in the Type 2 session, a brief introduction to Plan B (for the child) is a good idea. It is usually sufficient to say that the clinician and caregivers will be solving a problem together; and that doing so involves three ingredients (hearing the child's thoughts on and concerns about the problem, hearing the caregivers' thoughts on and concerns about the problem, and then coming up with a solution that works for everyone). Reassure the child that no solution will be agreed upon without his or her input and approval.
- The Empathy step is where the child's concern, perspective, or point of view on the unsolved problem will be heard.
- The Empathy step begins with an introduction, which begins with the words "I've noticed that..." and ends with the words "What's up?" In between, insert the unsolved problem.
- The first thing the child says generally does not provide us with a clear sense of his or her concern or perspective on the unsolved problem, so additional probing for more information (drilling) is necessary. (Make sure caregivers have a copy of the *Drilling Cheat Sheet* to reference.)
- Narrate each drilling strategy *before* you use it, possibly with an explanation as to why it was selected.
- At various points, wonder out loud whether the child's concerns have been comprehensively identified...narrate of the use of summaries and tabling
- The Empathy step ends when the child has no additional concerns. Announce the end of the Empathy step formally.

### *Points to Narrate in the Define Adults Concerns step:*

- Remind the caregivers that the Define Adult Concerns is where caregivers will share their thoughts and concerns.
- This step begins with the words "My concern is..." or "The thing is..."
- Caregivers' concerns usually fall into one or both of two categories: How the unsolved problem is affecting the child and/or How the unsolved problem is affecting others.



# Type 4 session



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The Next Generation of Solving Problems Collaboratively

## Type 4 Session Guide

### *General: Primary goals of Type 4 sessions:*

- Provide caregivers and the child with their first experience in solving problems collaboratively, with coaching from the clinician.
- Help caregivers become increasingly independent and proficient in their use of Plan B, so as to set the stage for the competent use of Plan B without the assistance of the clinician/trainer.

### *The Continuum of Independence Promoting Strategies, From Least to Most:*

- The least independence promoting coaching strategy is to *do Plan B for the caregivers*. While this may be necessary under some conditions – for example, if the caregivers seem at a complete loss for what to do or if it is apparent that Plan B is about to go off the rails – you don't want to be using this strategy unless it's necessary.
- Somewhat more (but still not very) independence promoting is *tag-teaming*; this is where the clinician/trainer and the caregivers take turns taking the lead on Plan B.
- Somewhat more (but still not very) independence promoting is to *tell the caregivers what to say or do*. For example, “Don't leave the Empathy step yet,” or “Tommy said the toothpaste doesn't taste very good...you should say, ‘The toothpaste doesn't taste very good,’” or “Make sure you give conscious, deliberate thought to whether that solution is realistic and mutually satisfactory before you sign off on it.”
- Somewhat more independence promoting is to *tell caregivers to refer to the Drilling Cheat Sheet or Plan B Cheat Sheet* so they can figure out what to say or do next (without being told what to say or do next), or hinting that perhaps they want to think about what they're doing or where they're at in the process (“Don't forget what you need to do before you leave the Empathy step”).
- Naturally, the most independence promoting strategy is to *do no coaching at all*; this is a sign that the caregivers are doing just fine and don't need any guidance. When caregivers are able to do Plan B without much assistance from the “coach,” they're ready to begin using Plan B independently.

### *Aspects of the Empathy Step that May Require Coaching:*

- Difficulty with the wording of the introduction, i.e., beginning with the words “I've noticed that...” and ending with the words “What's up?”, and ensuring that the unsolved problem does not refer to challenging behavior and/or adult theories, is split (not clumped), and is specific.
- Difficulty using and choosing the drilling strategies.
- Difficulty summarizing (to ensure that the child has no additional concerns) before leaving the Empathy step.
- Difficulty staying away from solutions.

# HOW ARE THE SKILLS TRAINED?



## PLAN B BUILDS SKILLS

Solving problems collaboratively and proactively with a student not only helps solve the problems that are causing challenging behavior but also helps them build the skills they are lacking. This graphic lists some of those skills:

### PLAN B STEPS

#### EMPATHY

- Considering and identifying concerns
- Articulating those concerns in a manner that others can understand
- Inhibiting of strong emotions during discussion

#### DEFINE ADULT CONCERNS

- Listening
- Empathizing
- Considering and understanding another person's perspective
- Appreciating how one's behavior is affecting others
- Tolerating frustration when hearing another person's point of view

#### INVITATION

- Generating alternative solutions
- Thinking of solutions that not only work for oneself but also for others
- Considering the likely outcomes of potential solutions
- Resolving disagreements without conflict

## Type X session

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- ✓ Support with the plan C
- ✓ Support with the plan A
- ✓ Support with the problem-solving plan
- ✓ Two parents aren't agreeing on the type of plan or one is progressing more rapidly

# Support with Plan C

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## Different kind of Plan C

- Proactive plan C
  - The one that you don't care about
  - The one that the natural development might help with time
  - The one that you need to put aside for now but you're definitely going to do a plan B on.
- Emergency plan C
- Interim plan C

# Support with Plan A

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- 1. Be gentle with yourself! Parents do well if they can, just like kids!
- 2. When you're calm, Plan B yourself! Check your expectation, figure out what set you off in the situation, make sure to take a look at your ALSUP. Is this suppose to be a Plan C? Are you struggling with your Plan C? Do you need to do an interim Plan C or a plan B...check your problem solving plan!
- 3. Apologise! Let your kid know that you let your emotions get the best of you, that you used Plan A when you shouldn't have. Get your partner back in the buisness.
- 4. Make a plan to Plan B! If you or your kid aren't ready to talk about it yet, set a time to talk and revisit it proactively so you can help avoid the Plan A meltdown in the future.

# Support with the Problem Solving Plan

- Make sure parents know where to put their energies.
- Do they need support in other environments that the child goes? This support can be translated by your direct intervention or by teaching CPS vocabulary to the parents.

The form is titled "PROBLEM SOLVING PLAN" and "Collaborative & Proactive Solutions". It includes a header for "CHILD'S NAME" and "DATE". The form is organized into three columns, each representing a problem-solving cycle. Each cycle starts with an "UNSOLVED PROBLEM" box, followed by a box for "Adult taking the lead on Plan B". Below this is a box for "Kid concerns identified (Inequality step)" with a "DATE" field. This is followed by a box for "Adult concerns identified (Define the Problem step)" with a "DATE" field. Next is a box for "Solution agreed upon: (Invitation step)" with a "DATE" field. The final box in each cycle is "Problem solved?" with "YES?" and "NO?" checkboxes, a "DATE" field, and a "COMMENT" box. Arrows indicate the flow from one step to the next, and from the end of one cycle to the start of the next. The "Lives in the Balance" logo is at the bottom right.

# Divergences of point of view

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- Both parents do not agree about what should be in Plan C versus Plan B.
- Plan B learning is faster with one of the two.
- One of the parents continues to make Plans A and doesn't do any Plan B and Plan C.

# Certification Training

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▪ Another option is CERTIFICATION TRAININGS, which are designed for individual clinicians, educators, and other providers interested in developing proficiency in the application of the CPS model and training others. The training provides supervised practice and feedback in two components, both comprised of weekly, 60-90 minute teleconference supervision sessions. The first ten week component involves a precertification training, and focuses on use of the Assessment of Lagging Skills and Unsolved Problems [ALSUP] and Plan B. Participants who successfully complete this precertification training are eligible to participate in the subsequent component, a 14-week training in which skills related to explaining the model, demonstrating it, and coaching it are the focal point. Each supervision group is limited to six participants, and we typically run multiple groups simultaneously. Submission of weekly work samples are required, so access to a sufficient number of kids and families/teachers is necessary. Upon successful completion of this training, participants are eligible to provide the model in their schools and outpatient settings and to begin receiving training in speaking on the CPS model and providing consultation, supervision, and coaching to train others. These trainings typically commence in September each year, and, in addition to English, are offered in Swedish, Danish, and, French.



# ADDITIONAL INFORMATION/RESOURCES

A woman with long dark hair is holding a young child in her arms. They are standing in a grassy field. The background is a bright, hazy sky with a large sun or light source creating a strong lens flare effect. The overall tone is warm and hopeful.

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