

Advanced CPS session for Educator

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THE CPS MODEL TOOLS

- ALSUP
- PROBLEM SOLVING PLAN
- PLAN B
- PLAN C

THINGS GETTING IN THE WAY ALSUP

- KNOWING WHEN IT'S TIME TO COMPLETE AN ALSUP
- DETERMINING WHO SHOULD BE IN THE ALSUP MEETING
- FINDING TIME TO COMPLETE THE ALSUP
- ALSUP MEETINGS ARE TOO LONG
- GETTING THE INFORMATION FROM A PREVIOUS SCHOOL SO TO WELCOME A NEW STUDENT WITH AN ALREADY STARTED ALSUP
- KEEPING THE ALSUP UPDATED
- WHERE TO KEEP THE ALSUP
- ...

ALSUP 2020
ASSESSMENT OF LAGGING SKILLS & UNSOLVED PROBLEMS

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THIS IS HOW PROBLEMS GET SOLVED

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:

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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THINGS GETTING IN THE WAY

PROBLEM SOLVING PLAN

- WHEN SHOULD WE PRIORITIZE
- HOW TO PRIORITIZE WHICH UNSOLVED PROBLEM TO WORK ON
- WHAT TO DO IF WE CHANGE OUR MIND ABOUT THE UNSOLVED PROBLEM TO PRIORITIZE
- WHO SHOULD BE IN CHARGE OF PRIORITIZING AND KEEPING THIS TOOL UPDATED (COMMUNICATION)
- WHERE TO KEEP THIS TOOL
- ...

PROBLEM SOLVING PLAN Collaborative & Proactive Solutions
THIS IS HOW PROBLEMS GET SOLVED

CHILD'S NAME _____ DATE _____

UNSOLVED PROBLEM #1	UNSOLVED PROBLEM #2	UNSOLVED PROBLEM #3
Adult taking the lead on Plan B:	Adult taking the lead on Plan B:	Adult taking the lead on Plan B:
Kid concerns identified: (Empathy step) DATE _____	Kid concerns identified: (Empathy step) DATE _____	Kid concerns identified: (Empathy step) DATE _____
Adult concerns identified: (Define the Problem step) DATE _____	Adult concerns identified: (Define the Problem step) DATE _____	Adult concerns identified: (Define the Problem step) DATE _____
Solution agreed upon: (Invitation step) DATE _____	Solution agreed upon: (Invitation step) DATE _____	Solution agreed upon: (Invitation step) DATE _____
Problem Solved? YES? <input type="checkbox"/> DATE _____ NO? <input type="checkbox"/> COMMENT: _____	Problem Solved? YES? <input type="checkbox"/> DATE _____ NO? <input type="checkbox"/> COMMENT: _____	Problem Solved? YES? <input type="checkbox"/> DATE _____ NO? <input type="checkbox"/> COMMENT: _____

REV 03/08

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THINGS GETTING IN THE WAY

PLAN B

- FINDING TIME FOR ADULTS AND KIDS TO PLAN B
- KIDS DON'T TALK /OR KIDS DON'T KNOW WHAT'S GETTING IN THEIR WAY
- OUR SOLUTION DOESN'T WORK
- KEEPING TRACK OF HOW OUR SOLUTIONS ARE GOING (COMMUNICATION)
- DIFFUSING THE INFORMATION ABOUT SOLUTIONS
- ...

THINGS GETTING IN THE WAY

PLAN C

- USING PROACTIVE PLAN C
- KNOWING WHEN AND HOW TO USE INTERIM PLAN C
- MEMORIALIZE ALL THE INTERIM PLAN C (COMMUNICATION)
- DIFFUSE THE INFORMATION ABOUT WHICH UNSOLVED PROBLEM HAVE AN INTERIM PLAN C
- KEEPING OUR PLAN C UPDATED
- ...

IMPLEMENTING THE CPS MODEL

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Components for Implementing the CPS Model

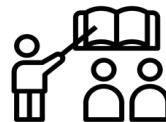
Phase 1



Core group (8-10 staff) become proficient in the two key components of the CPS model (ALSUP, Plan B)



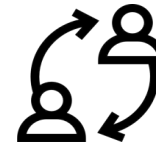
Phase 2



Core group members demonstrate Plan B for staff who were not in core group

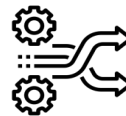


Phase 3



Staff who observed Plan Bs in Phase 2 conduct their own Plan Bs, with a core group member sitting in to coach them along and provide feedback

Phase X



Implementation team identifies and modifies structures that continue to point staff toward old ways of doing things and creates new structures to support the sustainability of the CPS model

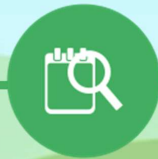
4 SESSION TYPES

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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.

Certification Training

▪ 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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cpsconnection.com
thekidswelose.com
truecrisisprevention.org