

**COLLABORATIVE  
PROBLEM SOLVING**

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**AGENDA**

- Brief overview of behavioral challenges and traditional approaches to them
- Goals of Collaborative Problem Solving
- 3 plans in CPS
- Plan B

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**BEHAVIORAL DISORDERS**

- Oppositional Defiant Disorder
- Conduct Disorder
- Depression
- Intermittent Explosive Disorder
- ASD
- ADHD

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### TRADITIONAL RESPONSE TO BEHAVIORAL DIFFICULTIES

- Behavior Management System:
  - Create a list of target behaviors that are related to the adults' objectives
  - Train adults in skills related to effectively communicating with kids, basic behavioral principles, and ignoring/attending
  - Develop a list of rewards (and punishments) in order to provide incentives for the kids
  - Create a token economy to provide rewards and monitor kids' behaviors

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### CHILDREN DO WELL IF THEY CAN



<https://www.youtube.com/watch?v=jvzQQDfAL-Q&t=1s>

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### GOALS OF INTERVENTION FROM A CPS PERSPECTIVE

1. Dramatically reduce frequency, intensity, and duration of explosive behaviors
2. Help adults pursue their expectations
3. Teach cognitive skills that are lacking

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### THE 3 PLANS

- Plan A
  - Involves adult insisting that their expectations be met
- Plan B
  - Involves working *with* the child collaboratively to develop a mutually satisfactory solution to an unsolved problem, thereby resolving the factors (child or adult) that are interfering with the expectations being met
- Plan C
  - Involves reducing or removing expectations

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### GOALS ACHIEVED BY EACH PLAN

	Pursue expectations	Reduce outbursts	Teach skills
Plan A	✓		
Plan B	✓	✓	✓
Plan C		✓	

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### PLAN B: THE BASICS

- Surrogate frontal lobe: modeling and teaching flexibility, frustration tolerance, and problem solving skills
- Proactive: Planned time to work on an unsolved problem (remember, outbursts are highly predictable)
- The 3 steps of Plan B:
  1. Empathy
  2. Define the Problem
  3. Invitation

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### STEP 1: EMPATHY

- Goals:
  - Develop the clearest sense possible of what the child's concerns or perspectives are
  - Have the child feeling listened to and therefore comfortable enough to start talking
- How to do it?
  - Start with a neutral observation followed by a simple question
    - "I've noticed that when you're told you can't have a play-date, you seem to get upset and start to say that you never get what you want... *What's up?*"

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### EMPATHY, CONTINUED:

- Keep asking questions until you have a clear sense of what is going on:
  - Who, what, where, when
  - Relevant environmental circumstances (e.g. at school but not at home)
  - Breaking into component parts (e.g. when X happens, you think Y, which leads to Q)
  - *Thoughts* child is having (more important than feelings, which are being acknowledged already via empathy)

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### EMPATHY, CONTINUED:

- Possible child responses:
  - An answer
  - Silence
  - "I don't know"
  - "That's not a problem for me"
  - Defensiveness:
    - E.g. "This is stupid!"
    - E.g. "This is not a problem for me"
      - Prepare to give reassurance:
        - E.g. "I'm not telling you what to do." "You're not in trouble."
- End this step with a reemphasis on the child's concern
  - E.g. "So you're upset because you feel that everyone else in the family gets what they want all the time, but you never get what you want."

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### EMPATHY, CONTINUED

- Common impediments:
  - Perception of Plan B as capitulation
  - Using assumptions with empathy
  - Poor use of tone
  - Using empathy to segue into Plan A

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### STEP 2: DEFINE THE PROBLEM

- Goal: Ensure that the adult's concern is presented
- How to do it?
  - "The thing is... (we already had plans when you asked to have that play-date)" "My concern is... (that you'll become upset when your friends have to leave and then you'll take that out on your sisters.)"
- Common impediments with this step:
  - Dueling solutions
  - Lack of clarity
  - Kid doesn't care

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### STEP 3: INVITATION

- Goal: brainstorm and develop a solution that is **realistic, will meet the concerns of both parties, and will be mutually satisfactory**
- How to: Recap both concerns and start conversation (e.g. "So you feel like everyone else in the family always gets what they want, but that you never get anything AND you get bored on the weekend; Meanwhile, I worry that we have plans that we have already committed to or that you will become upset when your friends leave and that you will take that out on your sisters. I wonder if there's a way we could make sure you feel that you can get what you want and feel listened to, but also keep our commitments and help you stay calm when you have play-dates and your friends leave?")

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## INVITATION, CONTINUED

- Important points:
  - Let the child have the first stab at solving the problem (e.g. "Do you have any ideas?")
  - Letting the kid know you're solving the problem with him, not for him
  - Stick as closely as possible to the concerns noted in the first two sections
  - End with an agreement to return to Plan B at another time if this solution doesn't work
- Common impediments:
  - Parents return to Plan A
  - Difficulty on both ends generating solutions
  - Unrealistic solution, ex:
    - Not feasible
    - Not mutually satisfactory

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## CPS AND IMPROVING COGNITIVE SKILLS

- **Executive Skills:**
  - Increases playful thinking
  - Student learns to anticipate problems (triggers) and develop solutions
- **Language Processing Skills:**
  - Appropriate emotion expression
- **Emotion Regulation Skills:**
  - General reduction of emotional difficulties associated with chronic difficulties in the classroom
- **Cognitive Flexibility Skills:**
  - Perspective taking increases and thinking is less automatically blocked by intense emotions
- **Social Skills:**
  - Navigating difficult situations appropriately is taught through the natural environment

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## RESOURCES

- Lost at School, The Explosive Child, Raising Human Beings, By Ross Greene
- <http://www.lostatschool.org>
- <https://www.livesinthebalance.org>

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## REFERENCES

- Greene, R. W., & Ablon, J. S. (2005). *Treating explosive kids: The collaborative problem-solving approach*. Guilford Press.
- Greene, R. W. (2009). *Lost at school: Why our kids with behavioral challenges are falling through the cracks and how we can help them*. Simon and Schuster.
- Greene, R. W., Ablon, J. S., & Goring, J. C. (2003). A transactional model of oppositional behavior: Underpinnings of the Collaborative Problem Solving approach. *Journal of psychosomatic research*, 55(1), 67-75.
- Greene, R. W., Ablon, J. S., Goring, J. C., Roeter-Bickely, L., Marley, J., Monieux, M. C., ... & Rabbitt, S. (2004). Effectiveness of collaborative problem solving in affectively dysregulated children with oppositional-defiant disorder: initial findings. *Journal of consulting and clinical psychology*, 72(6), 1157.
- Hood, B. S., Erod, M. G., & DeWine, D. B. (2015). Treatment of Childhood Oppositional Defiant Disorder. *Current Treatment Options in Pediatrics*, 1(2), 155-167.
- Ollendick, T. H., Greene, R. W., Austin, K. E., Fraire, M. G., Halldorsdottir, T., Allen, K. B., ... & Neguchi, R. J. (2016). Parent management training and collaborative & proactive solutions: A randomized control trial for oppositional youth. *Journal of Clinical Child & Adolescent Psychology*, 45(5), 591-604.
- Pollastri, A. R., Epstein, L. D., Heath, G. H., & Ablon, J. S. (2013). The collaborative problem solving approach: Outcomes across settings. *Harvard review of psychiatry*, 21(4), 188-199.

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## CENTRAL THERAPY

### Expertise in the following clinical areas:

- Tics and Tourette Syndrome
- Depressive Disorders
- Anxiety and Obsessive-Compulsive Disorders
- Post-Traumatic Stress Disorder
- Self-Injury and Suicidal Ideation
- Couples Therapy

### Clinical and consultation services include:

- Cognitive Behavioral Therapy; Dialectical Behavior Therapy; Emotionally-Focused Therapy
- School-based consultation
- Workshops for parents, educators, and mental health professionals
- Independent evaluations

To refer a patient or schedule a consult:

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