Collaborative Problem Solving to Treat Disruptive Behaviors

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Introduction

- Child and Adolescent psychiatrist

- 80% Glenrose ADHD Clinic (Tertiary Referral Clinic)

- 20% Rural Care (Peace River, High Prairie, Fairview, High Level)
Other Stuff

- Special Interests:
  - ADHD Nerd
  - Tx Resistance (CPS)
  - Community Supports
  - Collaboration with Schools
Objectives

1. Review Collaborative Problem Solving as an alternative to Behavioral Therapy
2. Critic a demonstration of CPS done by AAGE executive members.
3. Discuss common struggles with using CPS in children with ADHD.

Bonus: LATEST RESEARCH!
Psychosocial Strategies in ADHD

• Well-established
Behavioral Parent Training (BPT); Behavioral Classroom Management (BCM); and Peer-Focused Behavioral Summer Programs

• Probably/Possibly Efficacious
Problem Solving Communication Training (PSCT), Collaborative Problem Solving (CPS); Self-Instruction Training (SIT)

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Behavioural Therapy

- Best researched non-pharmacologic therapy for behavioural disorders in children.
- Consists of daily report cards, reward charts, positive reinforcement, time outs, consistency, etc...
- Described as Classroom Behavioral Management or Parent Management Therapy
Behavioural Therapy

• Theoretically tends to view problem as primarily resulting from parental inadequacies including inconsistency and non-contingent disciplinary practice.

• Model tends to have 3 features
  1. Effective Use of Time Outs
  2. Establish Target Behaviors
  3. Establish list of reward and punishments
  4. Develop currency system
MTA Study: Objective and Design

Objective: To compare the long-term efficacy of pharmacotherapy, behavioral therapy, and combination therapy in the treatment of ADHD.

579 Children
ADHD, Combined type
Age Range: 7-9.9 years
Randomly assigned
14-month study

- Medication management (primarily methylphenidate)
- Behavioral treatment
- Combination treatment: medication and behavioral therapy
- Routine Community Care

MTA Study: ADHD Core Symptoms
Baseline vs. 14-month Measures

Parent-reported Inattention symptoms

MTA Study Treatment Strategies

Teacher-reported Hyperactive-Impulsive symptoms

MTA Study: Additional ADHD Symptoms Baseline vs. 14-month Measures

Teacher-reported social skills behavior

![Graph comparing social skills behavior across different treatment strategies](image)

Teacher-reported Aggression-ODD (oppositional defiant disorder) behavior

![Graph comparing aggression behavior across different treatment strategies](image)

MTA Study Conclusions

- Combined treatment and medication management were more effective than behavioral treatment and community care in reducing ADHD core symptoms:
  - Inattention
  - Hyperactive-impulsive behavior
- Patients in the combined treatment group experienced:
  - No significant difference in core ADHD symptoms vs. those in the medication management group
  - Improvements in core ADHD symptoms at a lower dose than patients in the medication management group
  - Modest advantages in non-ADHD symptoms and positive functioning outcomes vs. patients in the medication management group
Behavioural Therapy

• Problem (for Mental Health) is that most kids come to our programs having already tried most of these strategies.

• Parents usually say “it doesn’t work”

• Mental Health programs tend to implement a much more consistent and structured behavioural program than parents or schools are capable.
Behavioural Therapy

- The negative side effects of this treatment have not been well studied.
- There is minimal evidence that it works in children older than 11 yo.
Collaborative Problem Solving

- A relatively new approach to disruptive behavioural disorders.
- First described about 10 years ago.
- Developed by Ross Greene and Stuart Ablon and described in the book: The Explosive Child
Collaborative Problem Solving

- Based on principal that explosive behaviour is the by-product of incompatibility between characteristics of children and their adult caretakers.
My Perspective
My Perspective

Lagging
My Perspective

Lagging Skills
My Perspective

Lagging

Skills
My Perspective

Lagging Skills

Demands
My Perspective

Lagging Skills

Demands

Sunday, 7 April, 13
My Perspective

Unsolved Problems

Lagging Skills Demands
Collaborative Problem Solving

- Based on principal that ALL explosive events are predictable.
- The adult’s job is to help determine the situations when the events occur (triggers) and take steps to prevent them.
- Triggers are best conceived as “problems that have yet to be solved.”
Collaborative Problem Solving

• Non-compliance is viewed similar to a learning disability.

• “Kids do well if they can.”

• “If a child has a reading disability, we don’t throw Encyclopaedia Britannica at them and say ‘Read!’ in anticipation of him needing to read the Encyclopedia Britannica in the real world.”
Collaborative Problem Solving

• The deficits that explosive children have are commonly called pathways.

• CPS describes five common pathways:
  1. Executive Skills
  2. Language Processing Skills
  3. Emotion-Regulation Skills
  4. Cognitive Flexibility Skills
  5. Social Skills
Collaborative Problem Solving

- Triggers and pathways are often discovered using situational analysis.
- Once the trigger and pathways have been identified, explosive episodes become highly predictable.
- The emphasis is on antecedent events.
- Once events can be predicted, this sets the stage for proactive discussion.
Collaborative Problem Solving

- Parenting approaches are broken into three categories:
  1. Plan A (You do it or else!)
  2. Plan B (Let’s work on this)
     - proactive vs emergency
  3. Plan C (Whatever!)
<table>
<thead>
<tr>
<th>Whose expectations are being met?</th>
<th>Plan A</th>
<th>Plan B</th>
<th>Plan C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents’</td>
<td></td>
<td></td>
<td>Kid’s</td>
</tr>
<tr>
<td>“My way or the highway”</td>
<td></td>
<td>“Let’s work this out”</td>
<td>“I’m not going to worry about this now”</td>
</tr>
<tr>
<td>Kid is poorly motivated</td>
<td></td>
<td></td>
<td>Kid is hopeless</td>
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<tr>
<td>Kid lacks skills to be successful</td>
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<tr>
<td>Behavioral Management</td>
<td></td>
<td>Collaborative Problem Solving</td>
<td>Picking Battles</td>
</tr>
</tbody>
</table>
Collaborative Problem Solving

- Plan B consists of three main features:
  1. Expressing Empathy
  2. Define the problem
  3. Invitation to problem solve
1. Review the Problem and be as specific as possible. (Who, what, where, when, how?)

2. Make sure the setting is optimal. (Who, what, where, when, how?)

**Pre Plan B**

1. Empathy: “I’ve noticed that (unmet expectation). What’s up? - and dig...

2. Define the Problem: State the two perspectives as clearly as possible.

3. Invitation: “Is there any way we can solve this problem?”
Collaborative Problem Solving

- CPS strives to attain three goals:
  1. Pursue Expectations
  2. Decrease Outbursts
  3. Teach Skills (access to adult brain)
Collaborative Problem Solving

- CPS allows parents to act as a surrogate frontal lobe by
  - walking the child through a frustrating situation
  - solving problems routinely precipitating explosive events
  - training lacking thinking skills leading to independence
Collaborative Problem Solving - Critiques

• DEFINITELY not as well studied as “traditional” treatments and parent management.

• If using completely evidence-based practice, this would be seen as “possibly” or “probably” efficacious.

• However, most studies are done in kids we don’t treat.
Collaborative Problem Solving - Critiques

• It is sometimes affected by inadequate engagement and attachment.

• This is definitely not the case in families with longstanding problems, high levels of dysfunction, foster children, etc...

• A difference in values sometimes makes motivational enhancement more useful.
Collaborative Problem Solving - Critiques

- Although skills deficits are presumed to be at the basis of non-compliance, methods to improve the skills are not well described in the model.

- Other models may be better at addressing these issues; e.g. Coaching/Teaching Executive Skills
Collaborative Problem Solving - Critiques

- Schools are not as familiar with this therapy and still widely use behavioral therapy.
CPS
The Evidence
Virginia Tech Studies

- Virginia Tech - Rocky Mountain Study
- Compared PMT vs CPS vs WLC in ODD
- Data is from 90 families
Virginia Tech Studies
Clinician ODD Severity

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CPS
The Challenges
Inattention

- Very difficult to symptom to treat with CPS alone. Dr. Greene himself says that medication is probably the most effective treatment by far.

- It doesn’t mean you don’t try... the process itself is good.
Empathy Statement

• Work on it - as specific as possible.
• Make it simple and nonjudgemental.
• Practice it.
Anger

- Keep it in check.
- Remember the goal is to gather information and not:
  - Lecture
  - Prove Your Point
  - Make sure the child knows you’re right
Assumptions

- This is the biggest problem with doing CPS.
- You need to be open minded with what is being sad... everything.
- I always tell parents “50% of the time my assumptions are wrong and I went to school for 26 years.”
- Ask for as much detail as possible.
Inadequate Drilling

• Usually the result of relying on assumptions.

• Usually becomes evident in the invitation step when solutions are inadequate.

• Remember the “who, what, when, where” of everything.

• Does it always happen like this?
Silence

• Don’t worry/get angry about it.

• Start offering possibilities only after giving the kid a fair chance.

• Don’t fill it if you don’t have to.
Offering Solutions

• Do not do it too soon? Drill, drill, drill!

• Always let the kid take a chance to offer solutions (give them time!) and praise them for it.

• Try the kids solution if it is reasonable.

• All solutions must be mutually satisfactory.
Bonus Material
OTMP

• Acronym for the cluster of difficulties with Organization, Time Management, and Planning.

• Present in some, but not all children with a diagnosis of ADHD.

• Functional impairment is rated accorded to the COSS (Children's Organizational Skills Scale)

Abikoff et al. 2012
OST for ADHD + OTMP

• OST = Organization Skills Training

• Assumes that OTMP difficulties primarily reflect skills deficits in children's ability to organize materials, track assignments, manage time, and plan tasks

• To improve these skills, children learn to use new tools and routines
  • to record assignments and due dates
  • organize school papers into binders and use checklists for materials needed
  • track time required for task completion
  • break tasks into steps

Abikoff et al. 2012
OST for ADHD + OTMP

- Session time is spent working with the child, with parents joining during the last 10 minutes.

- Work with children is supported by brief training of parents and teachers to prompt, praise, and reward skill use.

- Children receive prizes for in-session application of substeps; parents and teachers monitor children's implementation of substeps for home rewards.

- OST is facilitated through a playful orientation that guides children to use skills to overcome annoying "glitches" (reflections of executive function gaps) and to maximize the effectiveness of their "Mastermind."

Abikoff et al. 2012
PATHKO for ADHD + OTMP

- PATHKO = Parents and Teachers Helping Kids Organize
- a performance-based, contingency management intervention
- targets OTMP end-point goals and precludes skill training
- motivates children by training teachers and parents to establish specific, individualized goals for children on written charts completed daily and to prompt, monitor, and praise/reward children for achieving these goals
- Sessions primarily involve parents, with children coming in briefly at the end of every session

Abikoff et al. 2012
PATHKO for ADHD + OTMP

Elements of PATHKO

a. daily report cards (DRC) targeting end-point OTMP behaviors (e.g., "assignments completed on time," "desk/cubby is neat and organized"), where teachers monitor the behaviors at school and parents provide points at home;

b. token economy system, in which children receive points for achieving goals at home (e.g., "home all materials needed to do homework, backpack packed by bedtime") and on their DRC and exchange the points for privileges and rewards on a daily and weekly basis;

c. homework rules and structures, in which parents establish and reward children's adherence to rules regarding completing homework

Abikoff et al. 2012
OST vs PATHKO for ADHD + OTMP

• Skills-based treatment was more efficacious than a performance-based intervention for only one of nine global measures: parent ratings of organizational functioning.

• OST children's overall OTMP functioning at home continued to be better than that of their PATHKO counterparts at follow-up.

Abikoff et al. 2012
OST vs PATHKO for ADHD + OTMP

• OST's advantage was greatest for Organized Actions, which measures children's use of practical routines and tools to stay organized (e.g., uses a calendar to know when assignments are due and tests are scheduled, writes down the order of steps to work on before starting a big project, uses separate folders for each subject, keeps a neat desk).

• It should be noted, however, that although PATHKO did not target this organizational skill set, PATHKO children also improved considerably in this area, suggesting that they may have independently increased these actions in their efforts to meet DRC and home-based goals.

Abikoff et al. 2012
OST vs PATHKO for ADHD + OTMP

“The positive follow-up results for both interventions are of special import and stand in contrast to the difficulty in sustaining benefits frequently seen.”

“During the 7- to 12-month follow-up period, there was no significant decrease in either group in the gains obtained at post-treatment in family relations and OTMP-related conflicts or in children's organizational functioning in school and academic performance.”

Abikoff et al. 2012
Conclusions

- Collaborative Problem Solving is an effective alternative to behavioral therapy for the treatment of disruptive behaviors.

- There are some challenges to implementing