



Collaborative Problem Solving: What is it?



Left to right: Dr. Bruce Perry, OYA Treatment Services Director Dr. Whitney Vail and Dr. Stuart Ablon.

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A pair of internationally recognized experts on child psychology visited Salem in January to help adults learn how to work better with behaviorally challenged youth. Dr. Bruce Perry is the developer of the Neurosequential Model of Therapeutics (NMT) and is an authority on the brain's response to childhood trauma. Dr. Stuart Ablon is the co-founder of the evidence-based approach known as Collaborative Problem Solving (CPS).

They led a seminar on how to use NMT and CPS for teachers and other professionals hosted by the Willamette Education Service District, which provides school services to youth at Hillcrest and MacLaren.

Treatment Services Director Dr. Whitney Vail attended the seminar and presented the case of Willie, a youth at MacLaren with significant trauma history but who has been making progress in his treatment through CPS. Dr. Vail is helping introduce CPS to staff who work directly with youth.

"OYA is in the process of updating introductory CPS trainings for employees who have not received it, and starting Tier 1 trainings for those who have," explains Dr. Vail. "We are increasing our focus on implementing CPS by certifying additional staff and standardizing coaching, consultation and documentation."

Dr. Ablon is the director of Think:Kids (www.thinkkids.org) at Massachusetts General Hospital and is associate professor of psychology at Harvard Medical School. He co-authored "*Treating Explosive Kids: The Collaborative Problem Solving Approach*" and has written numerous articles and scientific papers on CPS. During a break in the seminar, Dr. Ablon shared his thoughts on CPS with *Inside OYA*.

Q. For someone who knows little or nothing about psychology, what is Collaborative Problem Solving?

A. CPS is a way of understanding why kids – or for that matter, anybody – behaves in a challenging way and then what to do about it. CPS really just follows all of the research in the neurosciences for about half a century now that has shown beyond the shadow of a doubt that when youth exhibit chronic, challenging behaviors, it's not that they lack the will to behave well, but rather they lack the *skills* to behave well; that they struggle with skills related to things like problem solving, flexibility and frustration tolerance. It's almost like they have a learning disability in those areas. And so CPS is a very structured way of helping people understand what the problem's all about in the first place, and honing in on exactly which skills these kids struggle with, and then providing a very clear, replicable process that can be used in any setting to help kids develop those skills as they problem solve collaboratively with the adults around them. And the process itself also helps to build the kind of relationship necessary to not only solve problems but to practice these skills naturalistically together with the kids.

Q. That sounds like a very common sense approach.

A. What is common sense about CPS is the awareness that, if it's a lack of skill, not will, getting in these kids' way, then traditional disciplinary strategies that just try to motivate kids aren't going to work. We need to do something else. So, everything about this model is indeed common sense, but it flies in the face of conventional wisdom.

Q. Why is CPS appropriate for youth in correctional facilities?

A. CPS has a basic philosophy behind it, and that philosophy is "kids do well if they can." Not kids do well if they want to; kids do well if they can, which suggests that if a kid *could* do well, he *would* do well. And if he's not doing well, something has to be standing in his way. If you look at, for instance, kids in correctional facilities, they have had no end of pain in their young lives. If all it took was motivation for these kids to behave better, they have had more motivation than anybody else in the world. So, when once you realize that it's not a lack of will, it's a lack of skill, it's pretty easy to get your head around the need to do something else. Now, having said that, I would say that the growing evidence base as to the effectiveness of the approach, across all kinds of different settings, has really helped foster more acceptance as well. And the state of Oregon has really been a forerunner in embracing CPS as an evidence-based practice and rolling it out throughout systems of care throughout the state, and that's incredibly exciting.

Q. In a practical sense, how does CPS work?

A. When kids don't meet our adult expectations, we need a plan. CPS makes it clear that we really only have three options for how to respond to problems with kids. In CPS, we refer to these as your three plans: A, B and C.

Most often, we adults try to impose our will to make a child meet our expectations. In CPS, this is referred to as Plan A. **Plan A** is very popular because we have good expectations for kids, but pursuing those expectations using Plan A also greatly heightens the likelihood of challenging behavior in challenging kids. That's because having someone else impose their will upon you requires a variety of skills that challenging kids lack. So Plan A not only often causes challenging behavior, it does not teach the skills that are lacking. Even in "ordinary" kids who have the skills to respond to Plan A adaptively, Plan A is simply a lesson in "might makes right" when it comes to problem solving.

Plan C is when we adults decide to drop an expectation, at least for now. A common misconception is that Plan C is "giving in." Giving in is when adults try to address a problem using Plan A and then proceed to drop the expectation when they can't impose their will or the child responds poorly. By putting some problems on the "back burner" while addressing problems that are of a higher priority, some challenging behaviors are reduced. We adults are still in charge when using Plan C because we are the ones deciding what to address and what to drop for now.



Willie (right) pets Anthem, a guide dog being trained by Dr. Vail, while she was having a Plan B conversation with the youth at MacLaren in December. With Willie's consent, the conversation was recorded for CPS training purposes. Dr. Vail later showed segments of the conversation at a CPS seminar in Salem in January.

Three steps in Plan B

1. **Empathy:** clarify the youth's concern
2. **Share:** express the adult concern
3. **Collaborate:** brainstorm, assess and choose a solution

Plan B is the heart of CPS. It's when adults work together with kids to solve problems in mutually satisfactory and realistic ways. Plan B involves three basic steps. The first step is to identify and understand the child's concern about the problem to be solved. The second step is to share the adults' concerns about the same issue. The third step is where the child is invited to brainstorm solutions with the adult, assess potential solutions and choose one that is both realistic and mutually satisfactory.

Most problems aren't solved in a single Plan B discussion, so it usually feels like slogging through mud in the beginning. However, the continuous use of Plan B helps solve problems that are causing challenging behavior while building positive relationships, thinking skills, motivation and confidence.

Q. What does a successful Plan B conversation look like? In other words, what is the desired outcome of a Plan B conversation?

A. When Plan B is successful, what that generally looks like is that people have arrived at a mutually satisfactory solution where the adult's expectation is getting met, the challenging behavior is no longer exhibited, but the youth is also asked to practice the very skills that they're struggling with that have led to this challenging behavior in the first place. I do want to point out, though, that the "action" in Plan B is much more in the process than it is in the outcome. I actually get worried if somebody does Plan B and they are able to solve problems just like this (snaps his fingers), I say to myself, there's a reason the kid's in the correctional facility. And if we're solving problems real quickly, the kid's not getting much practice at fixing what landed him there in the first place. The Plan B that is tougher, that stops in the middle, that you have to revisit again and again, that's where the real work is happening.



Dr. Vail (right) met with skill development coordinators at Hillcrest in February to discuss CPS.