Pediatric Readiness Program Education Session

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Legacy Health and Oregon Emergency Medical Services for Children.

Legacy Health designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit(s)™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

PRP
PEDIATRIC READINESS PROGRAM
SERVING OREGON & SW WASHINGTON

Collaborative Problem Solving (CPS): Rethinking Crisis Responses

November 10, 2022

Erik Kola RN, QMHP

Montana State University, BSN
CPS Certified Trainer/Consultant—Think:Kids at MGH

Background

- Clinical Experience in Systems of Care
  - In-patient Programs (Youth and Adult)
  - Residential Programs (Youth)
  - Juvenile Justice
  - Special Education and General Education
  - Foster Care
  - Intensive In-home services
  - State Institutions
- Systems Development
  - Utilizing EBP (CPS) to facilitate cultural change within individual organizations and more broadly within systems
  - Shifting how we assess, plan, intervene, and describe (language) people facing challenges

Objectives

- Identify how traditional approaches to addressing challenging behavior responses have been ineffective.
- Consider a different explanation for why youth and adults struggle with behavioral challenges.
- Identify and understand the basic tenets of the Collaborative Problem Solving approach in terms of assessment and planning.
- Identify the steps of Collaborative Problem Solving (Plan B) and what goals are pursued in the process.

CME Disclosure

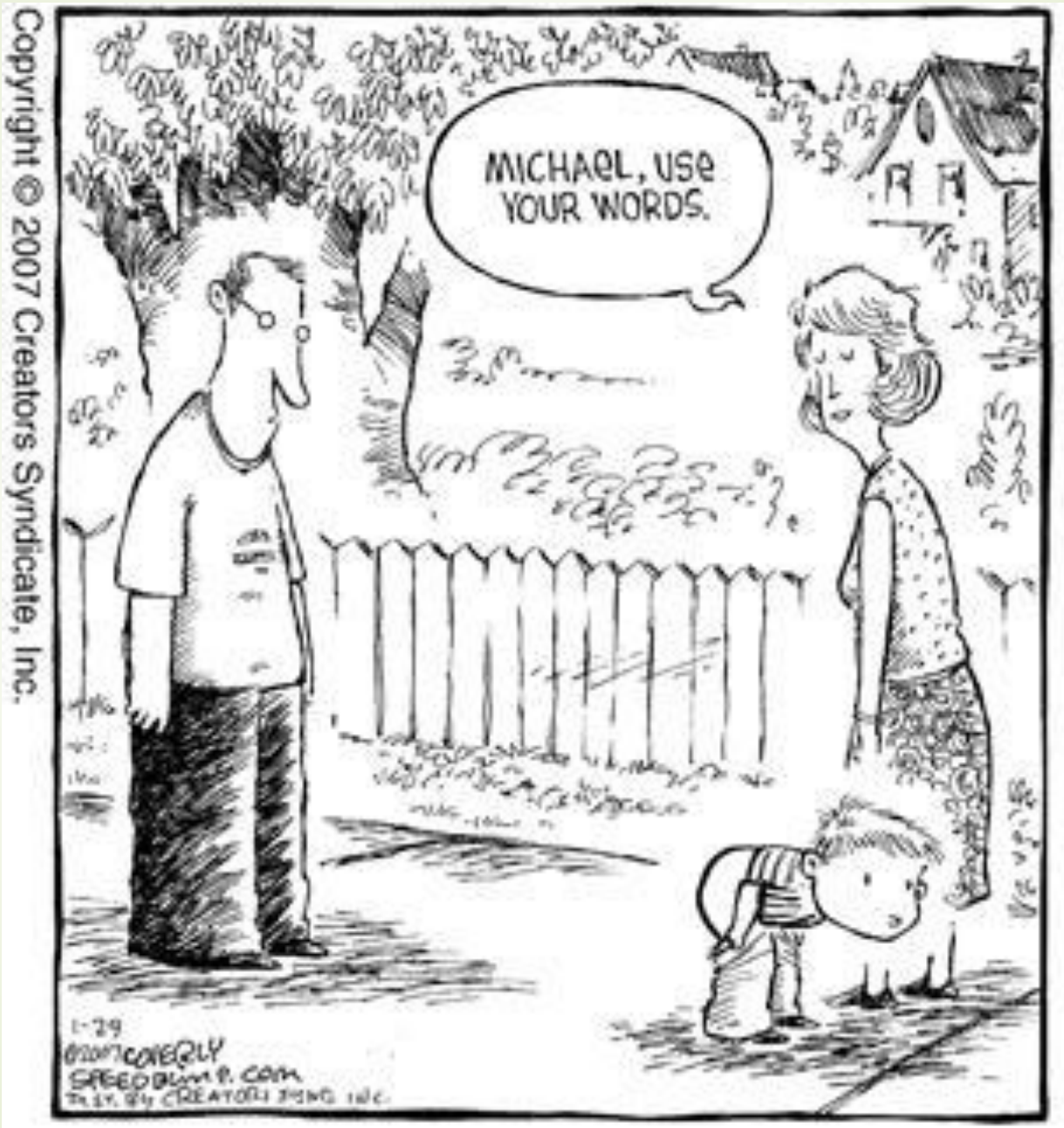
None of the planners and faculty for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients.

What contributes to a person's need for support?

- Trauma (ACE)
- Mental Illness
- Attachment Difficulties
- In Utero Exposure
- Organic Brain Disorders
- Developmental Delays
- Environment
- Nutritional Deficits
- Temperament
- Physiology
- None of the Above?

Neurobiology of Interaction

1. The Basics: Stage and State
2. The Learning Brain
3. Importance of Regulation


MICHAEL, USE YOUR WORDS.
Copyright © 2007 Creators Syndicate, Inc.

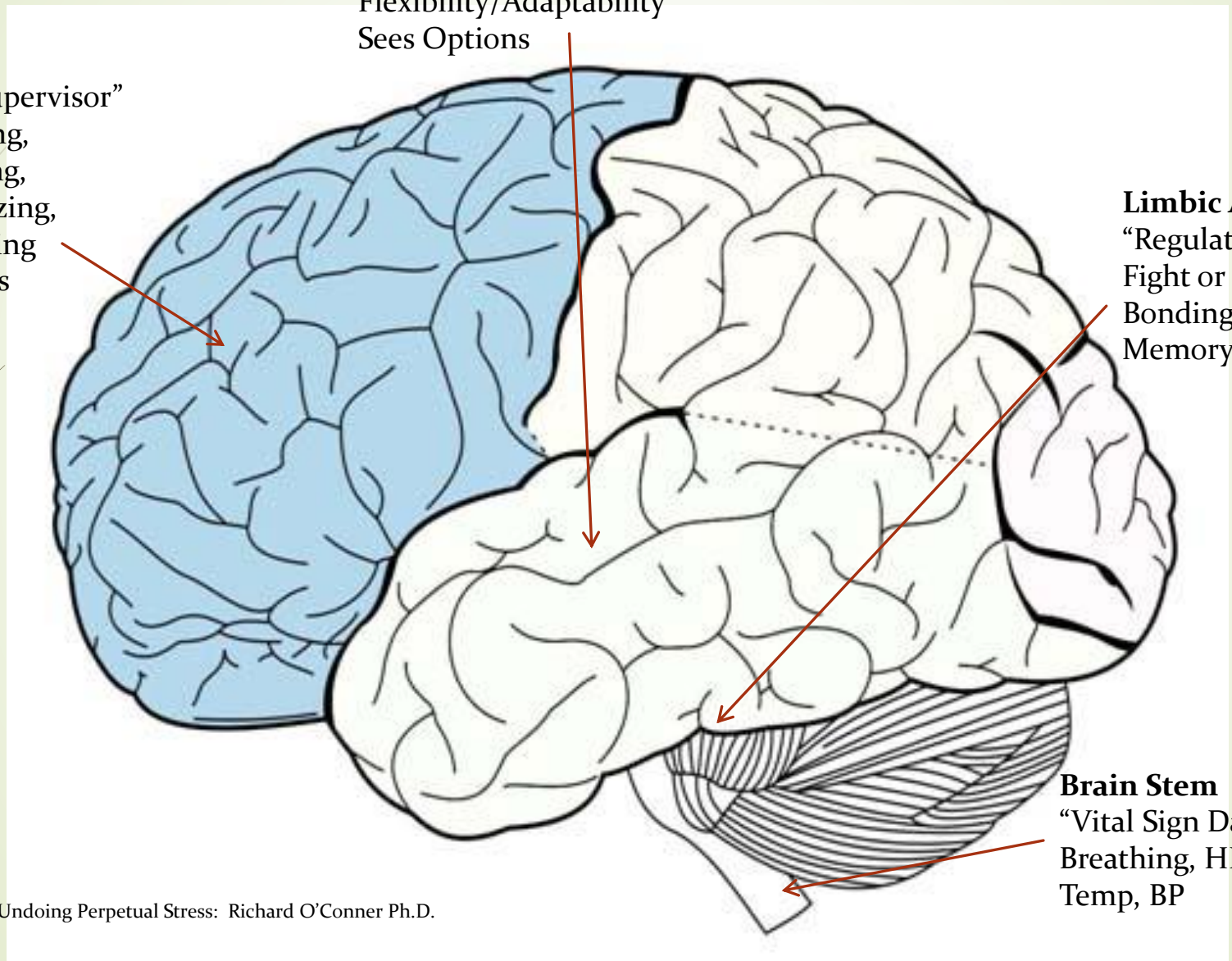
Compatibility and Attunement

"Stage" and "State"

(Perry 2013)

Anterior Cingulate
"Gear Shifter"
Flexibility/Adaptability
Sees Options

Cortex
The "Supervisor"
Thinking,
Planning,
Organizing,
Projecting
Analysis

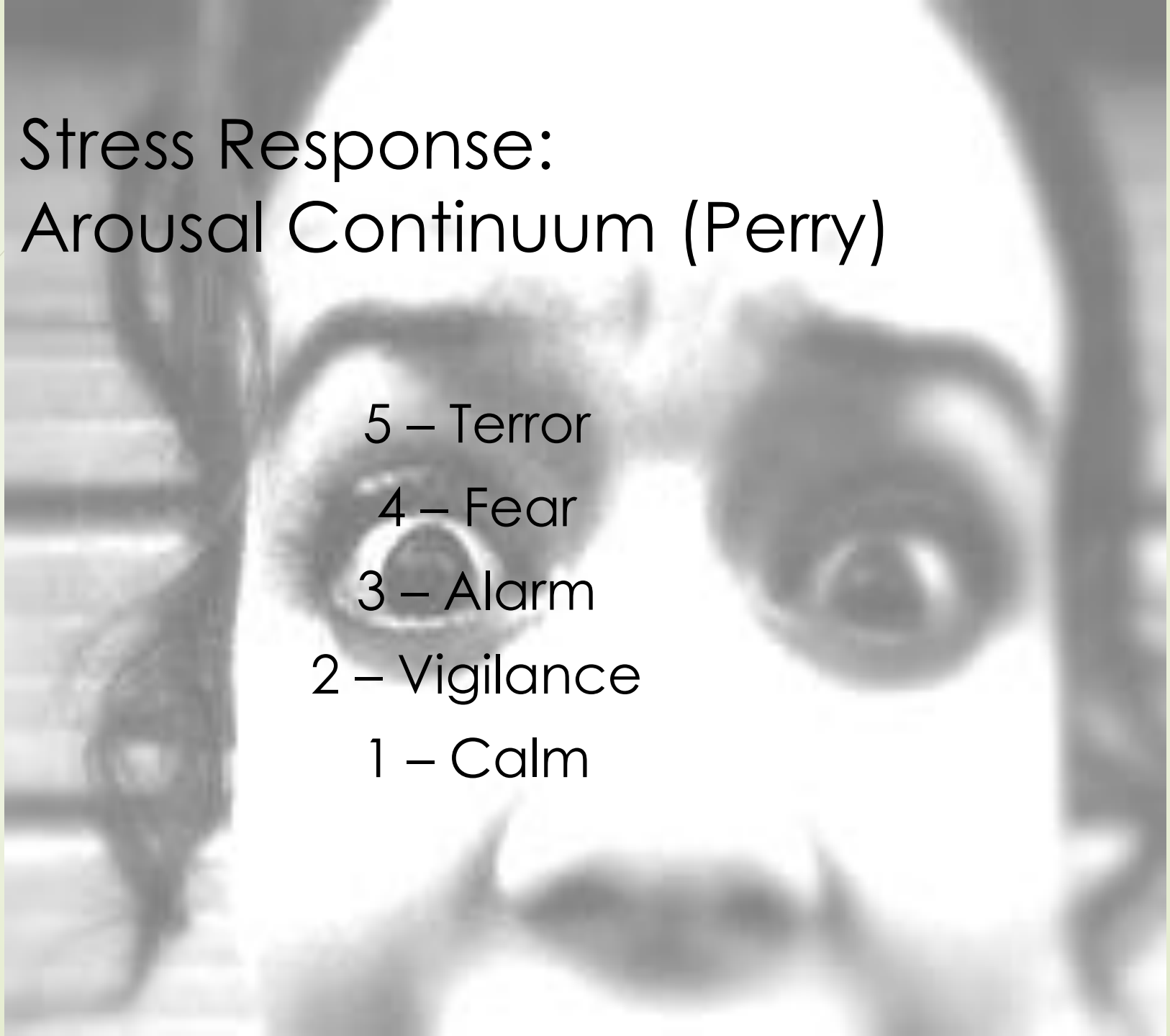


Limbic Area
"Regulates Emotion"
Fight or Flight,
Bonding, Charged
Memory

Brain Stem
"Vital Sign Dashboard"
Breathing, HR, Body
Temp, BP

Sourced: Undoing Perpetual Stress: Richard O'Conner Ph.D.

Stress Response: Arousal Continuum (Perry)



5 – Terror

4 – Fear

3 – Alarm

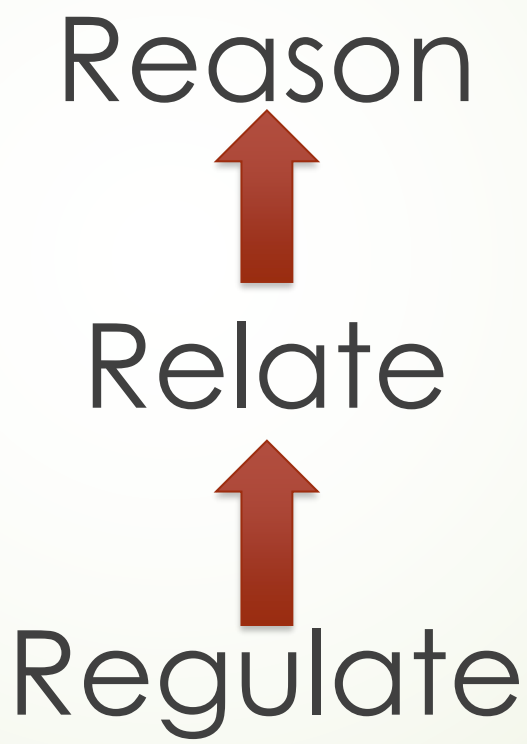
2 – Vigilance

1 – Calm

Neurobiology of Interaction

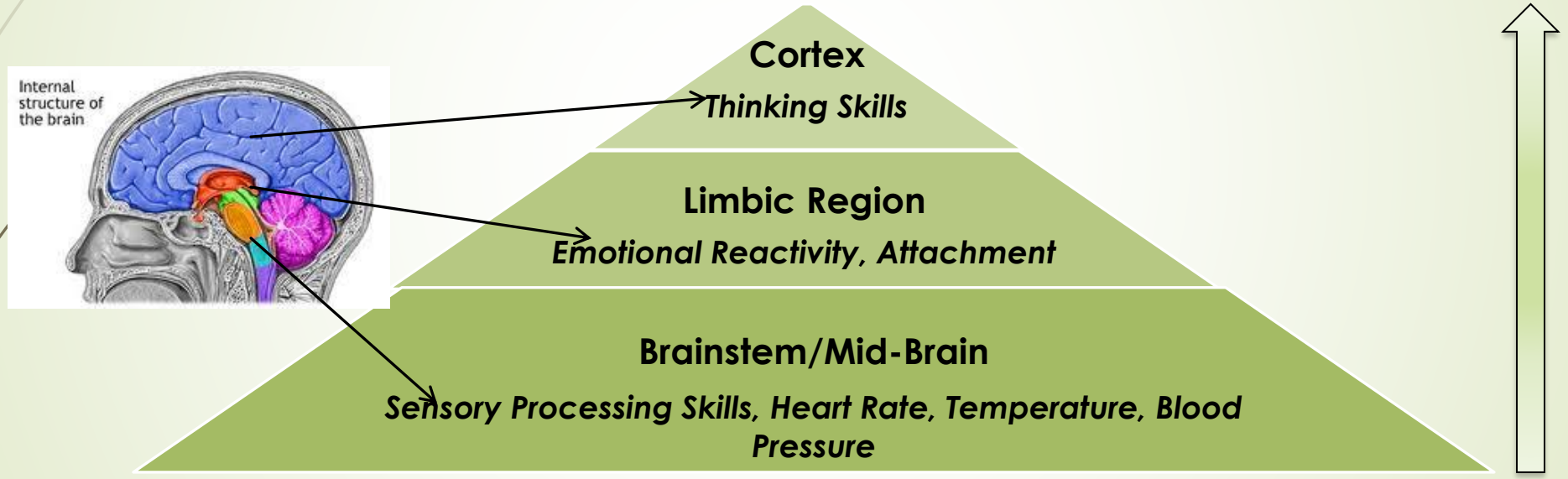
1. The Basics: Stage and State
2. The Learning Brain
3. Importance of Regulation

Progression for Learning (Perry 2013)



Skill Development

- Our brains develop from the bottom-up, with basic (essential, automatic and protective) functions developing first (heart rate, temperature regulation, sensory processing). These form a foundation for the development of higher-level thinking skills.

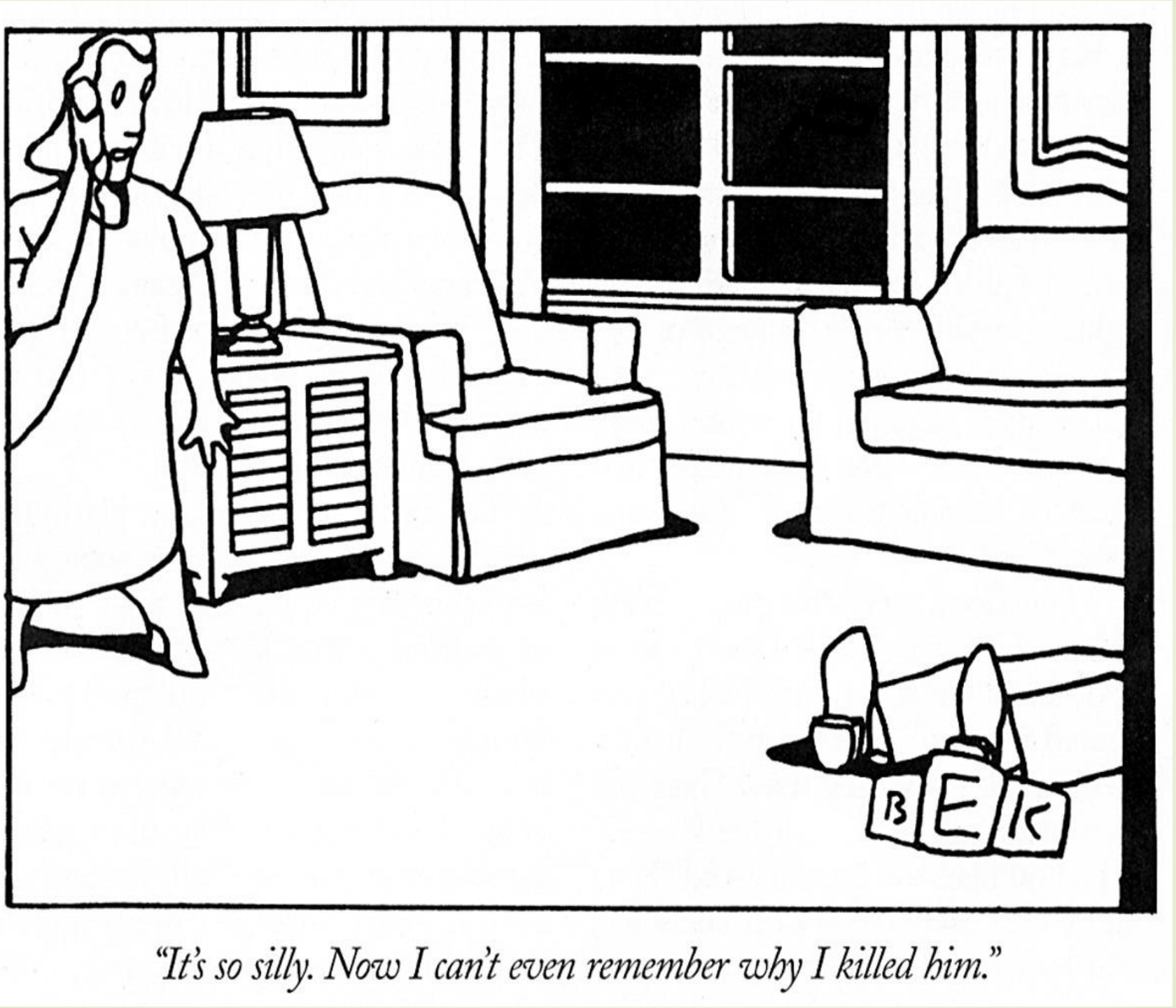


- Gaps in any of the earlier developing brain systems can make it difficult for the higher-level thinking skills to develop.

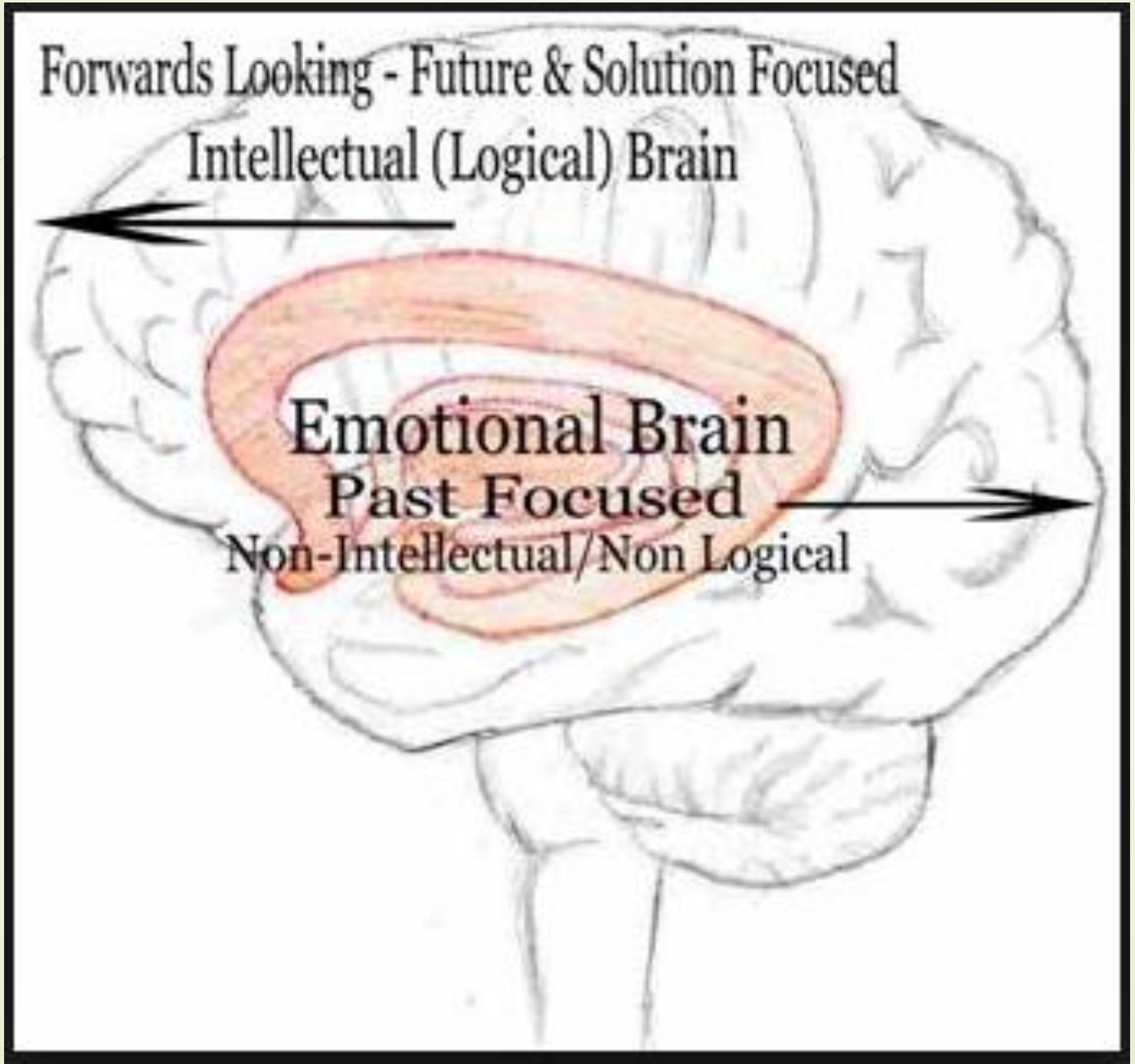
Think:Kids
RETHINKING CHALLENGING KIDS

Neurobiology of Interaction

1. The Basics: Stage and State
2. The Learning Brain
3. Importance of Regulation



"It's so silly. Now I can't even remember why I killed him."

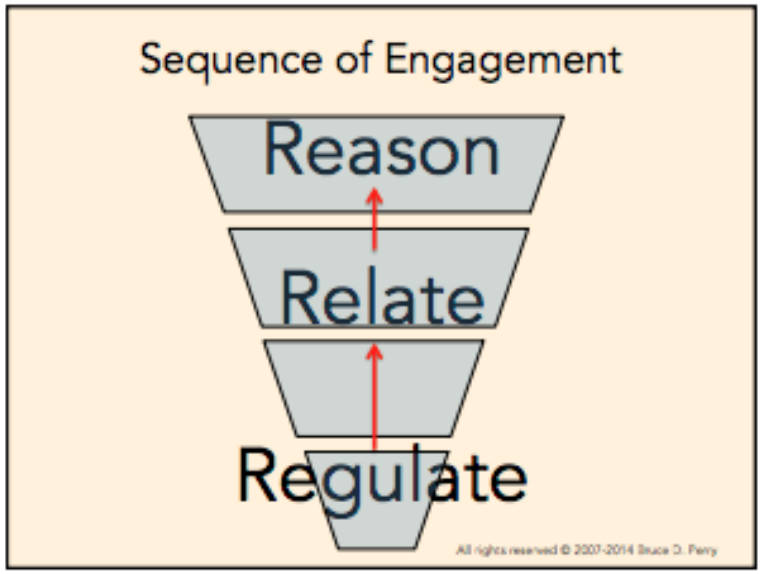

Forwards Looking - Future & Solution Focused
Intellectual (Logical) Brain
Emotional Brain
Past Focused
Non-Intellectual/Non Logical

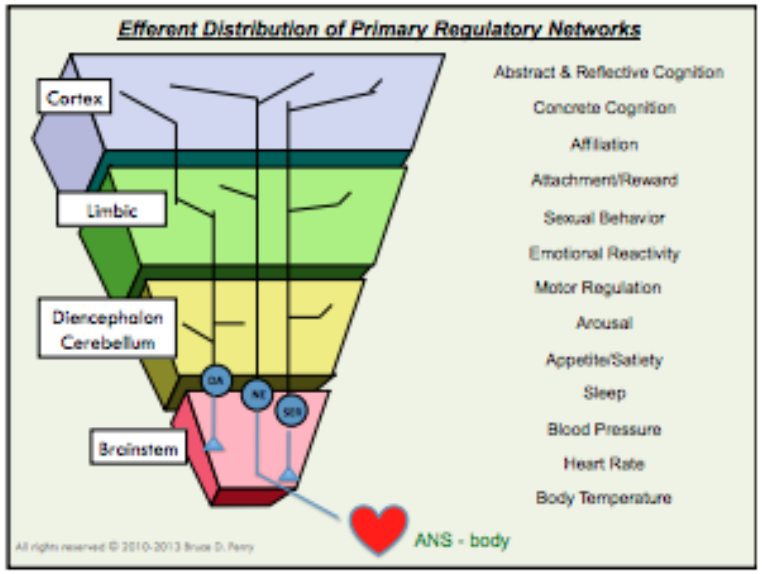
Why Work to Keep Yourself Calm(er)?

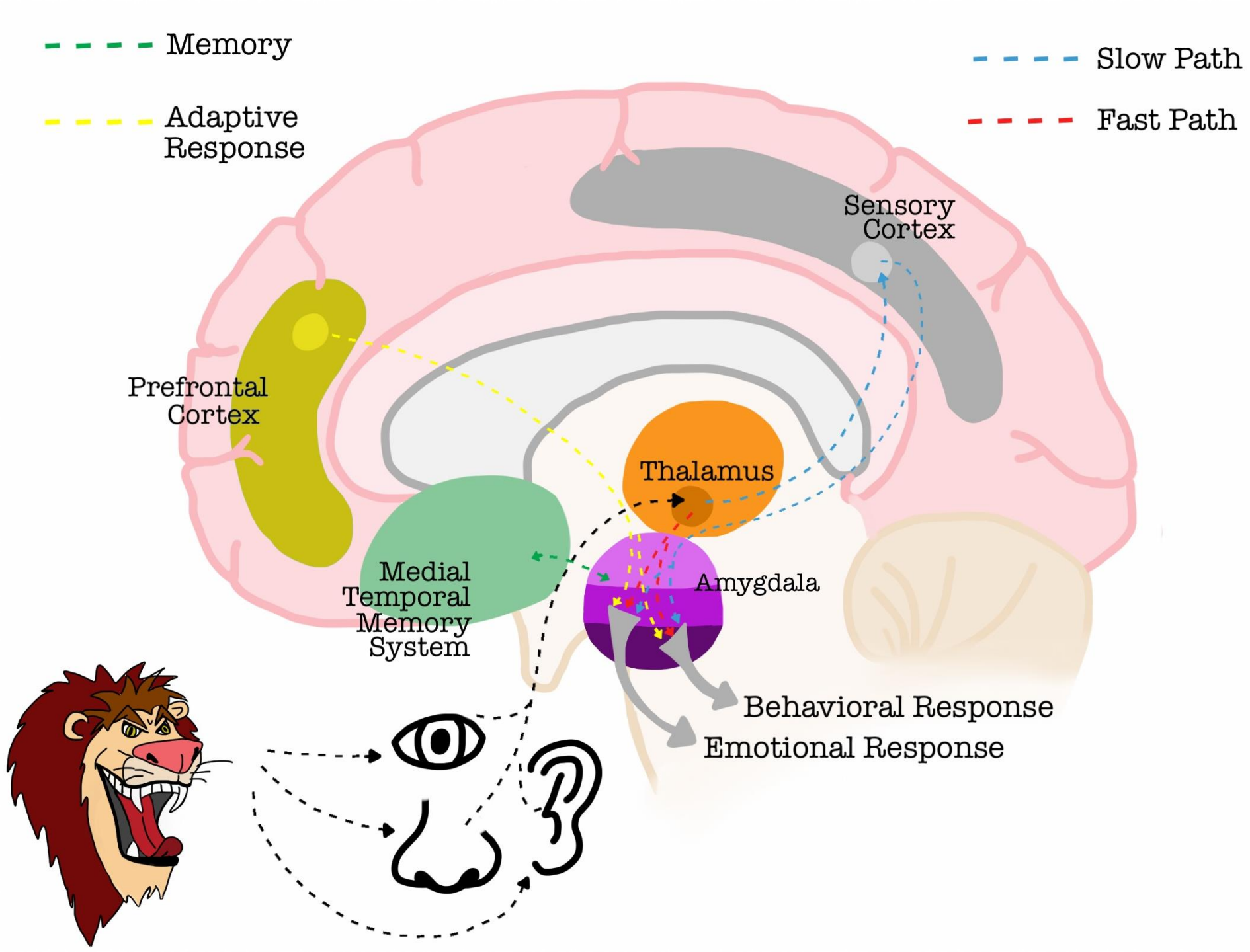
- The more emotionally regulated you stay, the more success you will have accessing your skills and implementing strategies
- The more you are able to access and implement strategies, the more emotionally regulated you and the person you are interviewing will become ("co-regulation")

Think:Kids
RETHINKING CHALLENGING KIDS

CPS is Trauma Informed Care






Memory
Adaptive Response
Slow Path
Fast Path
Sensory Cortex
Prefrontal Cortex
Thalamus
Medial Temporal Memory System
Amygdala
Behavioral Response
Emotional Response

People do well if they can…

…if they can't,
something is getting in the way.
We need to figure out what
so we can help.

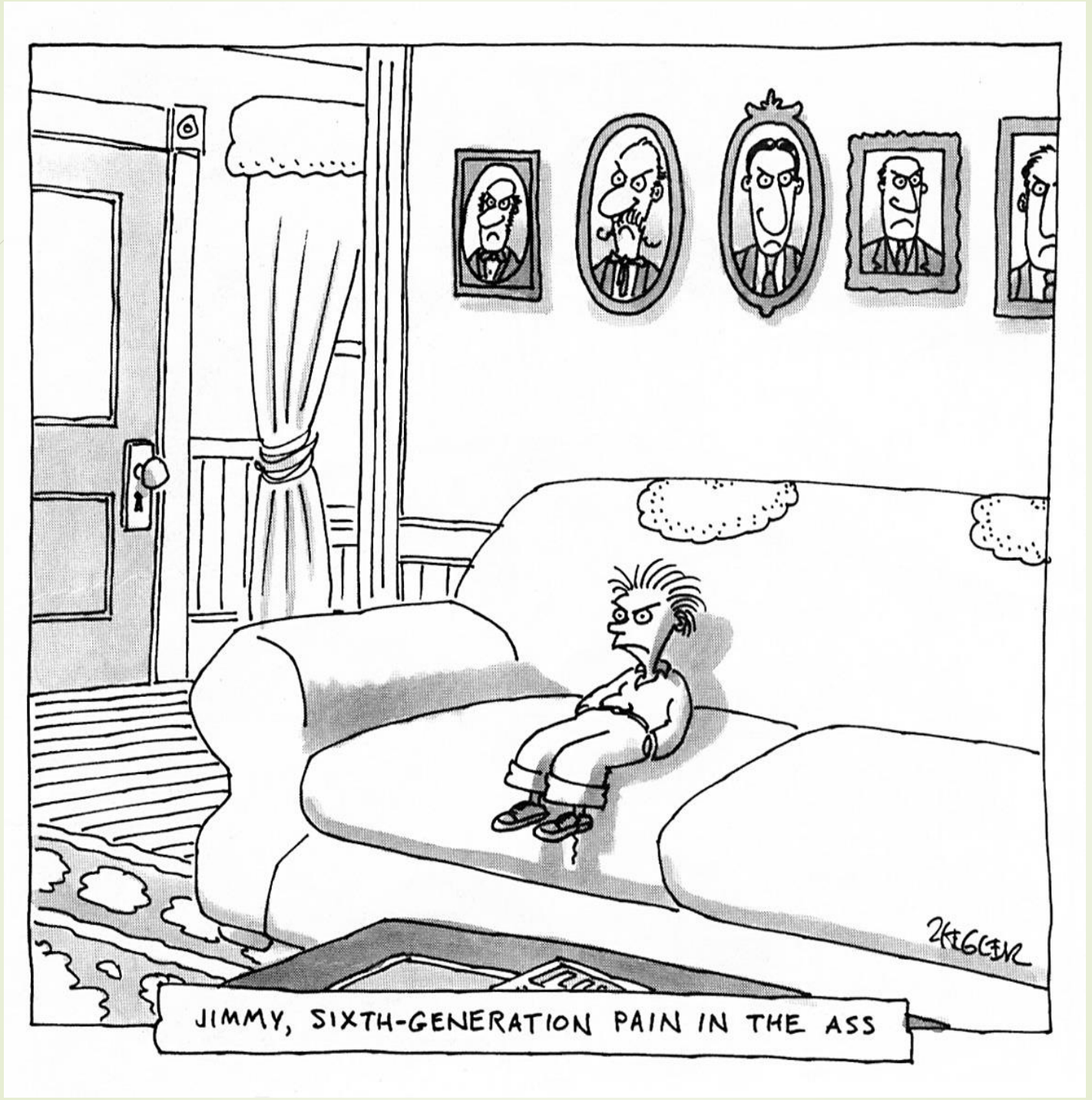
Your understanding of a problem determines your solution ...

How did the person get this way?

What's the cause of skills deficits? Nature? Nurture? Yes, and it probably doesn't matter!

- **What does matter is what skills the person lacks and how we can help when they are needed most**

Think:Kids
RETHINKING CHALLENGING KIDS


JIMMY, SIXTH-GENERATION PAIN IN THE ASS

Conventional Wisdom

The most common over-simplified understanding:

- The client's difficulties are the result of personality or character issues.
- The client isn't motivated to change.
- The client uses their difficulties to get things (e.g., attention), or avoid things (e.g., work).

Logical Solution

The most common over-simplified solution:

- The client needs intensive therapy.
- The client needs motivation.
- The client needs to learn some hard lessons (i.e. “hit rock bottom”) before they will change.

Dead-End Explanations

MAY BE ACCURATE BUT NOT HELPFUL (Don't tell us what to do)

- "He has bipolar disorder"
- "He has fetal alcohol syndrome"
- "She has a mental illness"
- "She's adopted"

SKILL VERSUS WILL (Reflect conventional wisdom)

- "He just wants attention"
- "She just wants her own way"
- "He just wants control"
- "He's manipulative"
- "He has a bad attitude"
- "She's making bad choices"
- "He won't cooperate"

Think:Kids
RETHINKING CHALLENGING KIDS

Implications – Use Different Language

Won't	Can't
Bad	Frustrated, defended, challenged
Lazy	Fatigued, can't get started
Lies	Adlibs 'missing information'
Mean	Defensive, hurt, abused
Doesn't care	Shut down, doesn't 'get' feelings
Refuses to sit still	Over stimulated
Fussy, demanding	Oversensitive
Attention seeking	Needing contact, support
Acting immature	Is immature
Inappropriate	Doesn't get 'social cues'

DV Malbin www.fascets.org

KAIROS
The moment when change is possible

Why Traditional Discipline Doesn't Work with our Most Challenging Clients:

Conventional wisdom is wrong!
Challenging people lack *skill* not will

Why Traditional Supports Don't Work with our Most Challenging Clients:

Conventional wisdom is wrong!
Challenging people lack *skill* not will

Unconventional Wisdom: It's a Learning Disability

- Research in neurosciences has shown these individuals are delayed in the development of crucial skills or have significant difficulty applying these skills when they are most needed

All Skills are State and Context Dependent

- There is a big difference between *possessing* a skill and *applying* it when most needed
- Applying a skill is dependent on *state* (of regulation) and *context*

Triggers to Assaults in Inpatient Units

- Coded observations of staff from 26,000+ hours over 10 years
- Assaults are most likely when:
  - Getting a patient to do something he or she does not want to do (e.g., get out of bed or take medications)
  - Stopping a patient from doing something he or she wants to keep doing (e.g., talk to a peer during a group)
  - Saying no to a patient's request

Newbill et al., 2010, Psychological Services

Equation of Challenging Responses

Skills ≥ Expectation = **Adaptive Response**

Skills < Expectation = **Challenging Response**

"We're encouraging people to become involved in their own rescue."

Goals of Intervention

1. Stabilize
2. Help solve acute/chronic problems in living
3. Pursue high priority expectations
4. Pursuing client's goals, hopes and dreams
5. Build skills, confidence, empowerment and sense of hope
6. Build a collaborative alliance (from caretaker to collaborator)

Three Plans

(Your Options for responding to Problems)

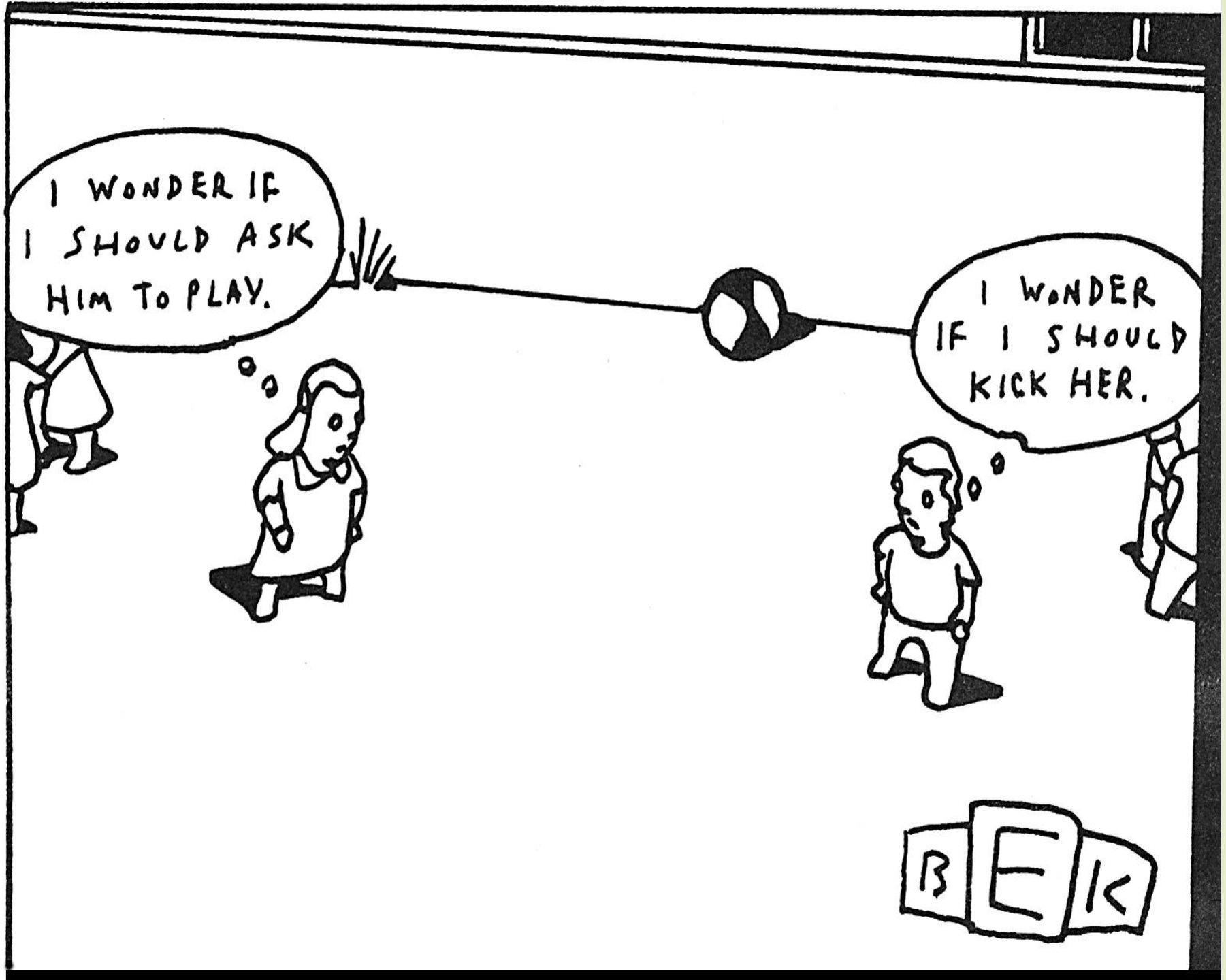
Plan A: Impose your will

Plan B: Solve the problem collaboratively

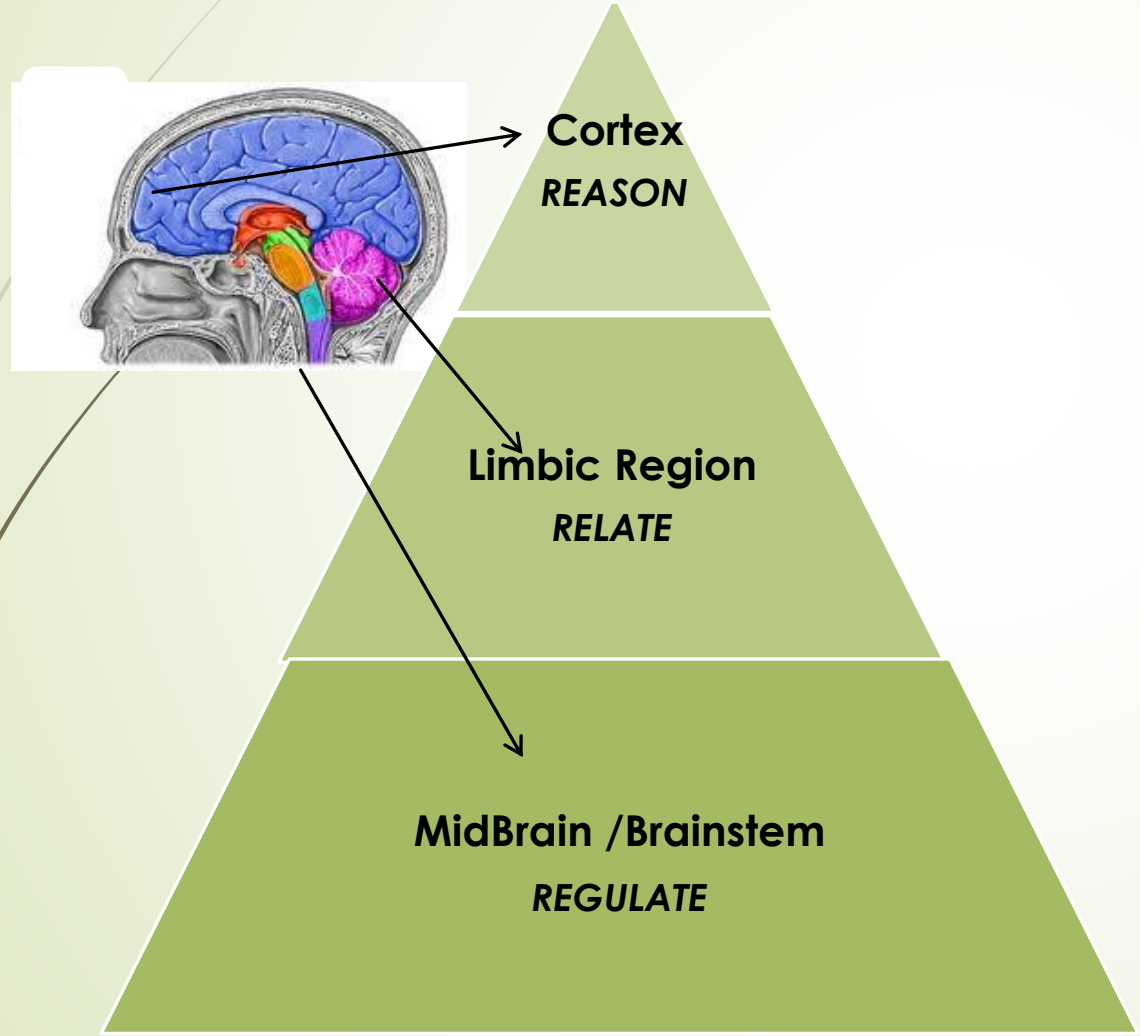
Plan C: Drop it (for now, at least)

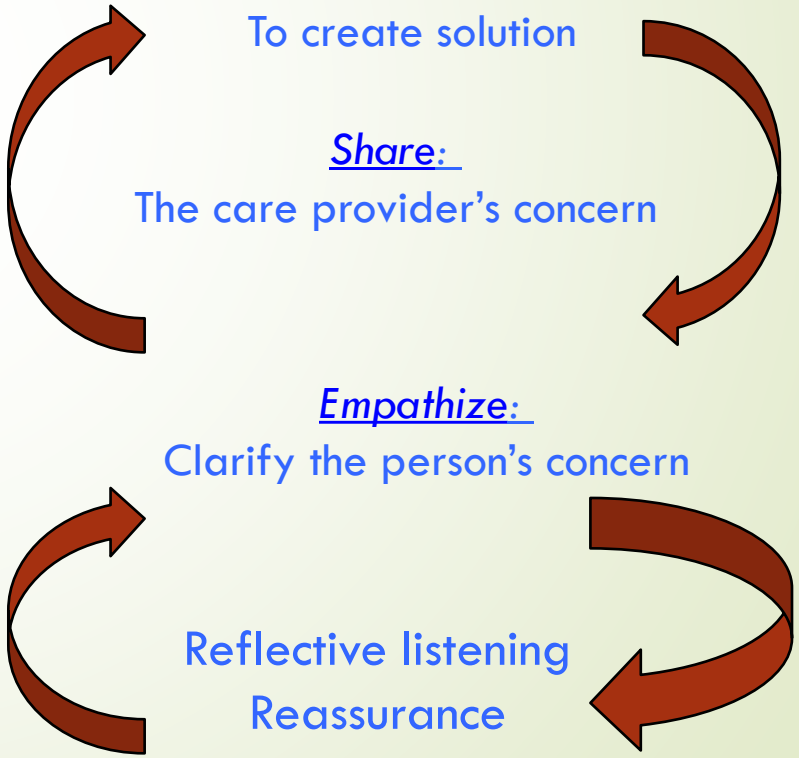
Plan B Ingredients

1. **EMPATHIZE:** Clarify individual's concern
2. **SHARE** your concern
3. **COLLABORATE:** Brainstorm, assess, and choose solution


I WONDER IF I SHOULD ASK HIM TO PLAY.
I WONDER IF I SHOULD KICK HER.
B E K

The Neurobiologic Sequence of Plan B





Core Principles of Positive Developmental Experiences and Neuroplasticity (Perry 2013)

- Relational (safe)
- Relevant (developmentally matched)
- Repetitive (patterned)
- Rewarding (pleasurable)
- Rhythmic (resonant with biology)
- Respectful (client, family, culture)

Explaining is not excusing!

More Common Questions

- So, we don't have any consequences anymore for this client?
- If I don't use consequences on him, how do I explain the disparity to the other clients? How will they know I take the problem seriously?
- Now everything's negotiable?
- I'm already picking my battles with her.
- So, we don't hold him accountable anymore?
- When will the client learn to "take responsibility"?
- How do you "set limits" using the CPS model?
- It's a Plan A world. Aren't we setting the client up for a fall?

"Shallow understanding accompanies poor compassion; great understanding goes with great compassion."

Book: The Sun My Heart

Thank You!

Remember to claim credit for this event!

1. Go to https://cmetracker.net/LHS
2. Click on the claim credit button
3. Log in and claim your credit
4. To claim credit 3 months after date of presentation, contact CMERequests@lhs.org for assistance

Scan this QR code with your phone!!

For more information visit
www.legacyhealth.org/pedinet

PRP
PEDIATRIC READINESS PROGRAM
SERVING OREGON & SW WASHINGTON