Strengthening Problem Solving Skills using the Collaborative Problem Solving Approach:

A Workbook for Primary Caregivers and Children

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*The workbook is designed for use by the placement agency to be used in conjunction with the home-based treatment, and at the discretion of the agency staff.
Dedication

This thesis is dedicated to my loving parents, Anita and Robert Taylor.

To my mother, thank you for being such a positive role model for hard work and perseverance. Thank you for encouraging me to pursue my undergraduate degree, and for your endless support over the past four years.

To my father, thank you for being there for every smile and every tear. Thank you for celebrating every success, and for consoling me through every setback. You are my best friend.
Abstract

Collaborative Problem Solving (CPS) is an innovative and efficacious approach used to address cognitive, emotional, and behavioural challenges in children, adolescents, and adults. Despite the positive outcomes of CPS, barriers to the implementation of CPS do exist. The thesis explored an alternative way to implement CPS to minimize such barriers. The student researcher developed a workbook entitled *Strengthening Problem Solving Skills using the Collaborative Problem Solving Approach: A workbook for Primary Caregivers and Children*. The workbook provided an overview of the CPS approach. Particularly, Chapters 3, 4, and 5, explained the three stages of Plan B: Empathy, Define the Problem, and Invitation. Finally, the workbook included a list of book and website resources for primary caregivers and children. Staff at the agency completed a three-part questionnaire about workbooks. Part I of the questionnaire asked about the current use of workbook features (e.g., diagrams) in the home-based services. The results indicated that staff used features of the workbook in the delivery of home-based services. Further, in Part II of the questionnaire, the student researcher developed a list of criteria to determine staff satisfaction with a workbook (e.g., concise language). The results indicated that staff found each of the listed criteria to be important. Part III of the questionnaire examined the perceived benefits and use of a workbook. The results found that staff were open to the idea of implementing a workbook in conjunction with the home-based services. It is recommended that a satisfaction survey is developed to determine staff satisfaction with the produced workbook. Further, it is recommended that experimental research be conducted to determine the effectiveness of the workbook in minimizing barriers to the implementation of CPS and in strengthening problem solving skills in primary caregivers and children. Moreover, further research should continue to explore alternative methods to implementation of CPS.

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Chapter I: Introduction

Children are often perceived as carefree; however, recent data suggests that this may be a misconception. In 2015, the Children’s Mental Health Report indicated that approximately 50% of mental health problems occurred before the child turned 14 years old (Child Mind Institute, 2015). In North America alone, there were upwards of 12 million children who experienced cognitive, emotional, behavioural, and social challenges (Think:Kids, 2016a). The misconception that children are carefree may have detrimental impacts on children, families, and communities. There have been significant reports of emergency department visits, inpatient hospitalizations, self-injurious behaviours, and suicidality regarding children and adolescents (Canadian Mental Health Association, 2016; Child Mind Institute, 2015; Canadian Mental Health Association, 2012). Further, mental health problems in children have been linked to increased risk of substance use, unemployment, homelessness, and incarceration in adulthood (Child Mind Institute, 2015; Canadian Mental Health Association, 2012). It is critical that children’s mental health is not only recognized but that the challenges experienced by children are also appropriately addressed.

In recent years, efforts have been made to increase the awareness and improve the treatment of children’s mental health. Collaborative problem solving (CPS) is an innovative approach, developed by Greene and Ablon in 2005, to address cognitive, emotional, and behavioural problems experienced by children (Think:Kids, 2016a). CPS is a strengths-based approach that has two primary tenets: (1) problems experienced by children are a result of lagging skills, and (2) problems are best addressed by teaching children appropriate thinking skills (Think:Kids, 2016c). The CPS approach is different from many conventional approaches because it advocates that problems are a result of lagging skills, rather than a lack of motivation (Think:Kids, 2016c). The CPS approach defines lagging skills as challenges in children’s cognitive functioning (Think:Kids, 2016c).

CPS identifies three routes to addressing challenges: Plan A, B, and C (Think:Kids, 2016c). Plan A is implemented when caregivers have expectations of children that cannot be negotiated (e.g., safety). Plan B, or the ideal route for CPS, is implemented when caregivers are willing to negotiate their expectations with children. Plan B involves collaborating with children to resolve problems in a way that is feasible and mutually satisfying. Plan C is implemented when certain expectations can be temporarily removed to shift the focus to problems that are more frequent, severe, or easier to address. If the caregiver has a good rapport with the child, the focus would shift to a problem that is more frequent or severe. If the caregiver does not have a good rapport with the child, the focus would shift to a problem that is easier to address, or that the child is most interested in addressing.

For the purpose of this thesis, the focus will be on Plan B as identified within the CPS approach. Plan B begins by introducing a problem in a neutral manner (Think:Kids, 2016c). Once the problem has been introduced, there are three subsequent steps (Greene, 2010). The first step is when a primary caregiver gathers information about the child’s concerns related to an identified problem. The second step is when the primary caregiver explains their concerns to the child about the same problem. Lastly, the primary caregiver invites the child to discuss potential solutions and together the primary caregiver and child select solutions that are feasible and mutually satisfying.

Although Plan B is the ideal route for CPS, it may be difficult to implement due to certain lagging skills. One lagging skill that may be a barrier to implementing Plan B is communication.
Children may not have the expressive language skills to share their concerns about the identified problem. Similarly, a child may not have the receptive language skills to comprehend the concerns of primary caregivers. Another barrier that may impact the effectiveness of Plan B is cognitive flexibility. For example, a child may have difficulty thinking hypothetically or developing multiple solutions to an identified problem.

It is important to explore alternate ways to implement Plan B with primary caregivers and children, when barriers exist. One alternative to facilitate the implementation of Plan B may be a workbook. The purpose of the thesis was to develop a workbook for primary caregivers and children to reduce barriers to Plan B. The implementation of Plan B would be facilitated by written information, diagrams, images, and activities. The purpose of the thesis was also to develop a resource that could be used to strengthen problem-solving skills prior to the emergence of problems and to immediately address problems.

The thesis includes five chapters. The Introduction highlighted the importance of increasing awareness of children’s mental health and appropriately addressing the challenges that children experience. Further, the introduction provided an explanation of CPS, the barriers to the implementation of Plan B, and the purpose of the thesis. The Literature Review provided empirical support for CPS, family involvement, and the use of manuals. The Method provided information on the setting, participants, consent, materials, measures, and procedures. The Results included the final copy of the workbook and the analysis of questionnaire responses. Finally, the Discussion included strengths and limitations of the thesis from a multilevel perspective, implications for the Behavioural Psychology field, and recommendations for future research.

**Word Count: 792**

**Chapter II: Literature Review**

**Collaborative Problem Solving**

To reiterate, CPS is a revolutionary cognitive-behavioural approach developed to address cognitive, emotional, and behavioural problems experienced by children (Think:Kids, 2016c). The CPS philosophy is that problems are a result of lagging skills and can be solved by teaching skills. Lagging skills refer to challenges experienced in five domains of cognitive functioning (Think:Kids, 2016b). One domain of cognitive functioning is communication. Specifically, some children have difficulty with receptive- and expressive language. Another domain of cognitive functioning is attention and working memory. Children may have difficulty with sustained- and selective attention, or following sequences. Self-regulation, such as adjusting arousal levels and managing emotions, is another cognitive functioning domain that can be challenging for children. Challenges with self-regulation are often associated with difficulties in cognitive flexibility. Children who experience challenges with cognitive flexibility may exhibit patterns of cognitive and behavioural rigidity. The last domain of cognitive functioning is social thinking, such as paying attention to social cues, seeking attention appropriately, and empathizing with others. Children will naturally experience challenges in cognitive functioning, but these are not considered lagging skills unless they result in cognitive, emotional, or behavioural issues.

The CPS approach uses three routes to address problems (Greene, 2010). In Plan A, caregivers have clear expectations of children that cannot be negotiated (e.g., safety). In Plan B, caregivers have conversations with children to establish feasible and mutually satisfying
expectations. In Plan C, caregivers temporarily remove certain expectations that were previously placed on a child to reduce associated behavioral problems.

Plan B is the ideal route for CPS. Once expectations and lagging skills are identified by the caregivers, Plan B can be implemented (Greene, 2010). The first step in Plan B is the empathy step, in which caregivers introduce a problem in a neutral manner and encourage children to provide information about their concerns related to the identified problem (Greene, 2010). Ashworth, Tapsak, and Tinsley Li (2012) hypothesized that empathy was the mechanism of change for CPS. Ashworth et al. defined empathy as a mutual understanding between two or more people founded on positive regard, active listening, and warmth. Further, empathy has been linked to decreases in child distress and increases in communication and quality of parent-child relationships (Ashworth, Tapsak, & Tinsley, 2012). Once the child’s concerns have been gathered, the caregivers define the problem by explaining their concerns (Greene, 2010). The final step of Plan B is the invitation step, in which caregivers invite children to identify potential solutions. The caregivers and children then discuss the potential solutions and select a solution to use.

CPS has been implemented in a number settings and contexts, including outreach programs. Greene et al. (2004) evaluated the effects of CPS in children diagnosed with oppositional defiant disorder (ODD) who struggled to regulate their emotions. Greene et al. compared CPS to parent training (PT) by randomly assigning children to CPS and PT conditions. While CPS requires collaboration between the parents and children to identify and implement solutions, PT focuses on providing parents the knowledge and skills to alter children’s problem behaviour. Children in the PT condition received 10 weeks of behaviour management, which had specified session content for each week. In contrast, the length of treatment for the CPS condition ranged from seven to 16 weeks based on the needs of the families. The CPS condition had specified content but was more flexible regarding the sequence, duration, and depth of content than the PT condition. Medication was not prescribed or administered as part of either condition, however, participants could continue or begin taking medication prescribed by family physicians. Caregivers were required to provide information on medication regimens used outside of the CPS or PT condition on a weekly basis. The Parent-Child Relationship Inventory (Gerard, 1994, as cited in Greene et al., 2004) and Parenting Stress Index (Abidin, 1995, as cited in Greene et al., 2004) were completed before and after the intervention. Additionally, the ODD Rating Scale (Greene, unpublished) was completed before and after the intervention, and at a 4-month follow-up. The Clinical Global Impression (National Institute of Mental Health, 1985, as cited in Greene et al., 2004) was completed post-intervention and at follow-up.

The study found significant improvements across multiple domains for the CPS condition. There were significant improvements on the Limit Setting and Communication subscale of the Parent-Child Relationship Inventory. (Greene et al., 2004) Further, there were significant improvements on the Parenting Stress Index from pre- to post-treatment (Greene et al. 2004). Significant improvements also occurred across the Oppositional Defiant Disorder Rating Scale and the Clinical Global Impression for participants in the CPS condition. A limitation was that there were more changes to the medication regimens of participants in the CPS condition; however, it was unclear whether this was due to the medication module included in the CPS condition. Greene et al. (2004) demonstrated that CPS could be individualized based on the needs of the caregivers and children. Further, the study was indicative that CPS could successfully address multiple domains of cognitive functioning that contributed to challenging behaviour.
Epstein and Saltzman-Benaiah (2010) evaluated the use of CPS with disruptive behaviour in children with Tourette’s syndrome and ODD. The participants of the study were the parents. The study used a repeated measures design, whereby participants completed the same three assessments at baseline, pre- and post-intervention, and at a 2-month follow-up. Two separate groups completed the same treatment one year apart. The treatment focused on increasing parents’ understanding of cognitive functioning, and parents’ ability to identify lagging skills that contributed to the child’s specific behaviour, make environmental changes to reduce challenging behaviour, and implement Plan B. The treatment contained eight sessions and each session lasted two hours. Attendance and homework completion were also recorded categorically (i.e., yes or no). The study found high levels of completion for attendance and homework. The treatment resulted in high satisfaction ratings and significant reductions in disruptive behaviour and parent-reported stress. Finally, the treatment demonstrated positive outcomes for social competence. The study confirmed that the caregivers found the CPS approach satisfying; particularly due to the significant reductions that CPS can yield for challenging behaviour. The study also demonstrated the positive affect that CPS could have on areas of cognitive functioning that were not targeted, such as increased social competence when the study did not specifically target social competence.

Johnson et al. (2012) evaluated the success of CPS with the parents of 17 children diagnosed with attention-deficit/ hyperactivity disorder (ADHD) and ODD. The intervention was delivered by professionals who had received CPS training. The intervention ranged in length from six to 10 sessions based on the needs of the families. For each session, the professional would work with parents to explain, demonstrate, or facilitate CPS. During the study, sixteen of the children were not taking medication. Following the intervention, however, eight families chose to use medication to further decrease ADHD symptoms, such as inattention. The professional- and parent-rated measures were used at baseline, post-intervention, and at a 6-month follow-up. There were statistically significant reductions in scores between baseline and post-intervention, and between post-intervention and follow-up on a measure of ADHD and ODD symptoms, except for scores regarding inattention. There were also reductions in scores on a measure of family burden between baseline and post-intervention, but not between post-intervention and follow-up. At post-intervention, 53% of participants were rated as exhibiting much to very much change, 18% as exhibiting minimal change, and 29% exhibiting no change on a global measure. At follow-up, 81% of participants were rated as exhibiting much to very much change and 19% were rated as exhibiting no change. The study concluded that CPS was successful for children diagnosed with ADHD and ODD; however, the study also indicated that a specific subgroup of children may require both CPS and pharmacological interventions. The study conducted by Johnson et al. exemplified how the CPS approach could address a range of cognitions, emotions and behaviours because ADHD and ODD are multifaceted diagnoses. The study also demonstrated that parents witness a continuation in the effects of CPS following the termination of the intervention.

CPS has also been used successfully in inpatient units. Greene, Ablon, and Martin (2006) implemented CPS to decrease the use of seclusion and restraints at an inpatient child psychiatric unit. Children admitted to the inpatient unit were between the ages of three and 14-years old. Eighty percent of patients had histories of trauma and 95% were exhibiting severe, challenging behaviour. The typical length of stay was 14 days. Over the course of the study, 100 children were admitted to the inpatient unit. Thirty-four staff were trained in CPS for the study. The study found statistically significant reductions in the use of physical restraints (i.e., physically holding
a child for more than five minutes), chemical restraints (i.e., involuntary administration of psychotropic medications), and mechanical restraints (e.g., bed restraints), as well as seclusion. In the nine months preceding the implementation of CPS, there were 281 reported occurrences of restraints. In the 15 months following implementation, a single occurrence of restraint was reported. Injury to staff decreased from 10.8 to 3.3 injuries per month in the 15 months following implementation. The implementation of CPS also had positive implications for the staff. The implementation of CPS prompted discussions between staff and management regarding potential changes within the inpatient unit. Due to discussions between staff and management, the policies and procedures were examined and revised. Additionally, the mechanisms for communication on the unit were improved. Greene et al. demonstrated that CPS can successfully de-escalate severe behaviours, which can reduce the need for intrusive measures, such as restraints and seclusion. Further the study demonstrated that CPS could be used to promote conversation not only between caregivers and children but also between service providers and management.

Holmes, Drerup Stokes, and Gathright (2014) evaluated the use of CPS to address challenging behaviour exhibited in hospitalized children who experienced complex trauma. Complex trauma was defined as exposure to multiple traumatic events in early childhood. The participants were three school-aged children within an inpatient unit. The participants experienced challenges in varying domains of cognitive functioning. All three participants exhibited aggressive and explosive behaviour. Other challenging behaviours varied among the participants, (e.g., compliance with morning routines, evening routines, and structured group activities). Plans A, B, and C were appropriately and effectively implemented with each participant. For example, Plan A was used with a participant to stop her from engaging in gymnastics at the nursing station; the expectation was that the participant would adhere to safety protocols on the unit. The expectation was not negotiated between the service providers and child, and the expectations were enforced by the service providers. Plan B was implemented proactively with the participant. The participant experienced challenges with emotion regulation and could not think rationally once she was frustrated. Therefore, service providers and the child established strategies to regulate her emotions before her frustration became triggered. Lastly, Plan C was successfully implemented for the participant. Due to cognitive rigidity, emotion dysregulation, and limited social skills it was not feasible for the participant to meet the expectation of transitioning in certain situations, therefore the expectation to transition was temporarily removed. The study found that CPS was efficacious in addressing cognitive, emotional, and behavioural problems experienced by the participant. The study supported the use of Plan A for expectations surrounding safety, the use of Plan B to negotiate expectations proactively and establish solutions, and Plan C to temporarily remove expectations when the expectations were not feasible for a child.

CPS has also been effectively implemented in educational, residential, and correctional settings as exemplified in a literature review by Pollastri, Epstein, Heath, and Ablon (2013). Pollastri et al. examined one study in an educational setting. Eight teachers were trained in CPS then received additional support through 75-minute weekly consultations for eight weeks. The Index of Teaching Stress was completed and the results revealed significant decreases in the stress reported by teachers, specifically for teachers who had been rated as highly competent in implementing CPS.

Pollastri et al. (2013) also discussed a study conducted in a residential setting. The participants were 49 boys between the ages of nine and 13. The study used an array of measures.
Following implementation of CPS, there was a significant reduction in the frequency of outbursts and internalizing behaviours. Additionally, the study found increases in social skills.

Pollastri et al. (2013) recounted a study conducted in a correctional setting. Following the implementation of CPS, the use of force decreased by 50%, the use of seclusion by 89%, and recidivism decreased from 60 to 15% over one year. The study also noted fewer staff compensation claims resulting from fewer injuries. The literature review by Pollastri et al. exemplifies some settings and contexts in which CPS has been effectively implemented.

Overall, there is extensive research to support the use of CPS to address the problems that children experience regarding their cognitions, emotions, and behaviour. The literature demonstrated the wide breadth of populations with whom CPS can be implemented, such as with children diagnosed with ODD, ADHD, or complex trauma. Further the literature demonstrated the numerous settings where CPS can be implemented, such as in inpatient units, community settings, and clients’ homes.

**Family Involvement**

Hwang, Chao, and Liu (2013) conducted a routines-based early intervention (RBEI) with families of children who were at risk for, or possessed, developmental delays. The participants were provided opportunities to identify the children’s problems and to make decisions about solutions autonomously. The study examined three months of baseline, six months of intervention, and followed up six months after the intervention. Home visits were conducted bi-weekly during the six months of intervention. Professionals collaborated with the families on goal setting and interventions. An example of a goal would be to implement routines around meal times and bed times to decrease problem behaviour associated with feeding and sleeping. Two norm-referenced tests and two individualized goal achievement measures were used at baseline, pre-, mid-, and post-intervention, and at follow-up. The RBEI was effectively implemented with families of children who were at risk for, or who possessed, developmental delays. Effects of the intervention manifested within three months and were sustained at the six-month follow-up. The study by Hwang et al (2013) was indicative that family-focused services are effective. The study demonstrated that families have the capacity to identify problems and make decisions about solutions. The results further suggested that interventions selected by families have long-lasting effects.

Lukie, Skwarchuk, LeFevre, and Sowinski (2013) demonstrated the role that parents play in the development of numeracy and literacy. Lukie et al. stated that parents have a significant role in the way children develop and maintain interests. Further, Lukie et al. stated that interests provide children with learning opportunities. One hundred and seventy parents of preschoolers completed a questionnaire about the child’s home environment. The questionnaire examined children’s interests and parent-child collaborations. The results of the study indicated that factors within the home were directly correlated with the child’s exposure to numeracy and literacy. Further, Lukie et al. stated that learning opportunities were maximized when children interact with other people, such as parents. Therefore, family members have a significant role in children’s learning by modifying learning opportunities to the interests and needs of children. Additionally, family members can enhance outcomes by working with their children.

Steiner (2014) implemented a family literacy intervention with a school and parents to facilitate early literacy development in children. Steiner stated that family literacy activities are typically different than the literacy practices used by the school, but emphasized the importance
of the involvement of parents in literacy development. The intervention was eight weeks long and focused on investigating family beliefs about their role in literacy development and teaching parents how to promote literacy development. The study included a treatment condition and a control condition in two separate classrooms, within the same school district and with similar demographics. The intervention implemented the Basal Reading Program and Trophies Units of Study for Primary Writing. Parents engaged in eight, 60-minute sessions focused on story book reading and conversations about the content of the story books. A list of strategies to engage children in literacy were provided to parents such as making predictions, asking and answering questions, and drawing connections. Interviews were conducted with the parents three weeks prior to and following the intervention. Additionally, reading events between parents and children were audiotaped. The parent who engaged in the literacy practice with the child completed reader response forms weekly. Lastly, student literacy assessments were conducted pre- and post-intervention. As a result of the interventions, parents developed more positive perceptions about the role that they have in literacy development. Positive perspectives were associated with more frequent storybook reading at home. The literacy practices at home became congruent with the practices at school, and parents used questions and predictions most frequently of the provided strategies. The intervention helped parents discuss the content of story books with their children. In accordance with CPS, a significant part of the study completed by Steiner was explaining the role that parents have in the child’s development. Both the study by Steiner and CPS aim to provide caregivers with strategies to use in the home.

One barrier to family involvement is limited resources. Limited resources may include access to referrals, cost of services, education levels (i.e., family members with lower levels of education may struggle to sufficiently advocate for children), and cultural background (i.e., family members may interpret cognitions, emotions, and behaviours differently). Carr and Lord (2016) aimed to address the barriers by implementing a pilot study to encourage families with limited resources to participate. The participants were eight families with children diagnosed with autism spectrum disorder (ASD) and whose income ranged from $10,000 to $35,000. The aim of the intervention was communication and social skills. Families completed two conditions, each condition lasting nine months. The study contained 24, 60-minute sessions in the home. Follow-up was once per month for three months. Attendance was reported categorically (i.e., yes or no). Adherence was measured using the caregivers’ log, which indicated the number of hours the family spent implementing the strategies. A 20-question interview was conducted with parents to obtain information on caregiver perceptions. The study included quantitative and qualitative analyses. Five of the eight families completed the 24 sessions and follow-up. Two families completed the 24 sessions but did not complete follow-up. One family completed only 21 sessions. Missed sessions ranged from two to 20. The average time families spent implementing strategies ranged from 5.97 to 22.02 hours. Carr and Lord found that the intervention increased the families understanding of the child’s capacities and increased positive interactions between the family members and the child. The results also demonstrated an increase in the amount of ownership families took in attaining services for the child. Overall, families maintained participation and reported positive impacts to the child, parents, and other family members.

Family involvement is an asset to interventions, particularly with children. CPS is an approach that encourages participation from family members and other caregivers. Further, CPS does not require extensive resources. CPS can be implemented with individuals with different socioeconomic and cultural backgrounds.
A crucial factor to the success of CPS is parent involvement in children’s mental health treatment. Dunst, Bruder, and Epse-Sherwindt (2014) hypothesized that providing interventions in the home environment would be associated with increased parent involvement and capacity building. Capacity building was defined as the capacity of a parent to continue providing children with learning opportunities after the termination of interventions. The study included 124 parents of infants and toddlers, aged 3 to 5 months. The interventions were conducted in the home, at the center, and in a combination of at the home and center. The following scale was used to indicate the level of parent involvement: not present, observed the service provider work with the child, the service provider explained their actions while working with a child, the service provider showed the parent how to implement, and the service provider directly involved the parent in implementing the intervention. The study revealed that parent involvement was directly related to the way the service providers engaged with the parents. The study indicated that capacity building was directly related to better child and parent outcomes. Given that Dunst et al. demonstrated the importance of having service providers engage parents, it may be important to explore alternative methods to engaging parents, such as incorporating workbooks.

Manuals

Inevitably, family involvement may be difficult to establish and maintain. It is therefore important to identify ways to establish and maintain family involvement. There is empirical research to support that the use of treatment manuals, used in combination with other treatment methods, can be beneficial to family involvement, client involvement, and treatment outcomes. Chu and Kendall (2004) evaluated child involvement and treatment outcomes in children with anxiety using manual-based cognitive behaviour treatment. Manual-based treatments are efficacious because the treatments encourage children to learn and develop cognitive skills, as well as participate in treatment activities. The study by Chu and Kendall included 63 children diagnosed with an anxiety disorder, based on DSM-IV criteria; 37 participants had diagnoses of generalized anxiety disorder (GAD), 13 had diagnoses of separation anxiety, 11 had diagnoses of social phobias, and two had parent-reported anxiety disorders. The cognitive behaviour treatment contained 16 sessions. The study used measures such as the Anxiety Disorder Interview Schedule (Silverman & Nelles, 1988, as cited in Chu & Kendall, 2004) and Child Involvement Rating Scale (Chu & Kendall, 1999, as cited in Chu & Kendall, 2004). The results indicated that child involvement was reliably associated with treatment outcomes. Further, a child’s involvement halfway through treatment was positively correlated with diagnostic improvement or impairment. Treatment outcomes could be predicted based on a child’s involvement as early as the third session. Following treatment, shifts in a child’s involvement were still associated with the presence or absence of symptoms (i.e., if a child was involved, their symptoms were less likely to be present and if the child was not involved, the symptoms were more likely to be present). Approximately 16% of participants decreased their involvement following treatment; 78% of the participants who decreased involvement following treatment experienced symptoms of anxiety disorders. Despite these findings, the study was correlational and could not prove that the causation was decreased involvement rather than confounding variables. However, the study demonstrated that manuals could facilitate involvement in treatment, and that manual-based treatments could yield significant treatment outcomes.

Feather and Ronan (2009) conducted a study with the goal of developing and evaluating a treatment to help children develop coping skills during and following traumatic events, as well as
to provide support to caregivers. A manual was used in combination with trauma-focused cognitive behaviour therapy. The study used a multiple baseline across participants design. The study was conducted twice, and each study had two male and two female participants between nine and 13 years of age. All participants met the DSM-IV criteria for PTSD. Self-report, caregiver and teacher measures were used to assess the presence and impact of symptoms before treatment, after treatment, and at 3- and 6-month follow-up. The treatment was comprised of 16 sessions and four phases: relationship and contextual factors, a selected coping strategy, graduated exposure, transition away from treatment. Booster sessions were offered as needed. Inter-participant replications indicated that treatment decreased PTSD symptoms and increased coping skills. Intra-participant results indicated improvements across treatment. Further, decreased symptomology and increased coping skills were maintained at both follow up periods. Also, they study found that participants who had consistent support from caregivers experienced more rapid and lasting responses to treatment. The study was indicative that the use of manuals in conjunction with treatment could have positive treatment outcomes. Further, the study supported caregiver involvement because caregiver involvement was positively correlated with more rapid and lasting treatment outcomes.

Manuals are designed to propagate evidence-based therapies and interventions (Johnson, Hoffart, & Nordgreen, 2016). A problem with treatment manuals is that many require interpretation and translation into practice, which leads to discrepancies in attitudes towards treatment manuals (Johnson et al., 2016). Johnson, Hoffart, Havik, and Nordgreen (2016) evaluated clinical psychologists’ attitudes toward treatment manuals. First, Johnson et al. had 815 participants rate, on Likert scales, how well they knew psychological theories and the degree to which their practice was based on these theories. Then, participants responded to two positive and two negative statements about treatment manuals. The study found 18% of participants never used treatment manuals, 28% rarely used treatment manuals, 36.6% used treatment manuals occasionally, 12.6% used treatment manuals often, and 31% used treatment manuals very often. Further, 20.5% of participants said treatment manuals were not useful, 29.1% said treatment manuals were partly useful, 27.1% said treatment manuals were useful, and 5% said treatment manuals were extremely useful. There were positive correlations between attitudes and use of treatment manuals. There were negative correlations between attitudes and age. The study also found that public agencies, rather than private, had more positive attitudes toward treatment manuals. The associated theories and practice also influenced attitudes. For example, those who practiced psychoanalytic and humanistic theories had more negative attitudes towards manuals. Cognitive behaviour therapy was strongly associated with positive attitudes. The results indicated variance in attitudes across practitioners. However, based on the study it can be concluded that treatment manuals are perceived to be useful and are used by most practitioners to some degree.

In sum, there is research to support the creation of a CPS treatment manual to strengthen problem solving. CPS has been effectively implemented for a variety of settings, populations, and challenging behaviour. Further, essential components of CPS, such as family involvement, are well supported through empirical research. Studies have demonstrated the success of treatment manuals with other interventions to establish and maintain family and child involvement. Lastly, treatment manuals are generally perceived as useful by service providers.
Therefore, a CPS workbook would benefit service providers by ensuring consistency and accessibility of information and resources.

**Chapter III: Method**

**Rationale**

The development of a workbook was hypothesized to decrease barriers to the implementation of CPS, specifically Plan B. An example of a barrier was the difficulties with receptive- and expressive-language that were experienced by the caregivers and children. The workbook would address this barrier by providing an alternative way for caregivers and children to communicate. Additionally, the literature indicated that treatment outcomes could be improved by including a manual in the treatment. The content of the workbook was discussed amongst the agency supervisor, a senior manager, and the student researcher to ensure the workbook met the needs of the agency.

**Setting**

The agency provided mental health services to children under 12. The agency used a child- and family-focused approach to address cognitive, emotional, and behavioural challenges experienced by children. Services were delivered in the home, school, and clinical settings.

The student researcher developed the workbook to be used specifically with the home-based program. The resource could be used during home-based sessions or as a bridge between home-based sessions.

**Participants**

The participants were 18 staff employed in the home-based program at the children’s mental health agency between September and December 2016. The staff had been trained in CPS upon employment at the agency. Further, the staff had been using the CPS approach in the delivery of home-based services. Staff on temporary leave between the aforementioned dates were not included in the data collection. Additionally, staff providing clinic-based treatment, such as family counselling, were excluded. Referral source was not an exclusion criterion for data collection. For example, staff were not excluded from data collection if the clients were a result of a police referral. The inclusion and exclusion criteria were developed to ensure that the student researcher could tailor the workbook to more specific needs.

**Consent**

The consent form (Appendix A) provided a brief overview of the purpose of the thesis. The form also included information regarding participation including the potential benefits and risks of participating and the right to refuse to participate. Staff understood that consent could not be withdrawn once the questionnaires had been completed due to the anonymous nature of the data collection.
The consent form was provided to staff by email and during team meetings by a senior manager. The signed consent forms were returned to the senior manager in his office or during a team meeting. The signed documents will be kept at St. Lawrence College for 10 years. Participants were provided a photocopy of the signed consent form, upon request.

Materials

Thinking Skills Inventory (TSI)

The agency used the TSI (Think:Kids, 2016b) to identify lagging skills across five areas of cognitive functioning (Appendix B). Statements on the TSI were scored using a 5-point scale: consistent strength, sometimes a strength, depends, sometimes difficult, and consistently difficult. Statements scored sometimes difficult or consistently difficult were considered lagging skills and were considered targets for the agency to address. However, statements scored depends or higher could still be addressed by the agency. For the purposes of the thesis, the TSI was first used to guide the development of the workbook. Information and activities were included in the workbook for each area of cognitive functioning assessed by the TSI.

Microsoft Word

Microsoft Word (Microsoft Corp., 2010) was used to develop the workbook. All information and activities were compiled into a Microsoft Word document. Further, the shapes and text box functions were used to format the workbook.

Boardmaker

Boardmaker software (Mayer-Johnson, Inc., 2002) was used to develop activities for the workbook. Key words related to the content were used to search from images on Boardmaker.

Additional Materials

As evident by the aforementioned materials (i.e., Microsoft Word and Boardmaker), a computer was required to develop the workbook. The computer was password protected to ensure agency and staff confidentiality. In addition, access to the internet was essential in locating additional information, images, and resources for primary caregivers and children. Further, applications such as Snipping Tool and Paint were used to crop images. Lastly, access to a printer was required to print a paper copy of the workbook to be submitted to the agency. The workbook had a clear cover, a black backing, and spiral binding. Additionally, the workbook was printed in color for the agency.

Measures

Strengthening Problem Solving Skills using the Collaborative Problem Solving Approach: Staff Questionnaire
A questionnaire (Appendix C) was developed by the student researcher. The questionnaire explained the purpose of the questionnaire, instructed staff to place a check mark (√) in one box, per question, to indicate their response, and provided staff a disclaimer that all information obtained through the questionnaire would remain anonymous. The questionnaire was divided into three sections: Part I, II, and III. Part I consisted of five questions regarding the frequency with which staff used verbal, written, and visual explanations with caregivers and clients. The response options included never, rarely, occasionally, often, and always. In Part II of the questionnaire, the staff indicated the perceived importance of workbook elements such as consistent language and relevant images. The response options were not important, somewhat important, neutral, important, or very important. Part III of the questionnaire asked staff to indicate the perceived benefits of a workbook, as well as whether the staff would use a workbook. The response options were no, yes, or uncertain. A section was provided at the end of the questionnaire for staff to include comments. Due to time constraints, staff were asked to complete the questionnaire prior to seeing the developed workbook.

Statistical and Visual Analyses

The data was inputted into an Excel document on a password protected computer. The student researcher calculated the mean for each response option in the questionnaire. The mean was presented in a bar graph. The x-axis represented the response options, and the y-axis represented the percentage of respondents. The student researcher also calculated the mode for each section of the questionnaire (i.e., Part I, II, and III). The data were presented in a table.

Procedures

The student researcher was provided information on the CPS approach by a senior manager at the agency and by her agency supervisor. For additional information on CPS, the student researcher referred to Treating Explosive Kids: The Collaborative Problem Solving Approach by Greene and Ablon (2005), Treating Explosive Kids by Greene (2010), and the Think:Kids website (Think:Kids, 2014a,b, &c). Once the student researcher had sufficient information on CPS, she met with the senior manager and her agency supervisor to discuss the development of a workbook. Collaboratively, the senior manager, agency supervisor, and student researcher identified five chapters to include in the workbook.

Chapter 1: Collaborative Problem Solving

Chapter 1 introduced CPS by outlining the two primary tenets and the three routes for addressing challenging behaviour (i.e., Plan A, B, and C). The chapter included six scenarios. The purpose of the scenarios was for the caregivers to identify which CPS route had been used (i.e., Plan A, B, or C). Chapter 1 also included generic Plan B worksheet developed by the student researcher.

Chapter 2: Looking at Lagging Skills

Chapter 2 opened with definitions for the five domains of cognitive functioning: language and communication, attention and working memory, emotion- and self-regulation, cognitive
flexibility, and social thinking skills. The chapter defined a lagging skill as a challenge in one of the domains. Chapter 2 was divided into five subsections (i.e., a subsection for each domain). Each subsection included a minimum of one activity with open- and closed-ended questions and one activity involving visuals, such as images.

**Chapter 3: Empathy Essentials**

Empathy Essentials was developed specifically for primary caregivers. The chapter began with a description of the empathy stage of Plan B, which was immediately followed by information regarding reassurance and validation. Further, the chapter provided information about active listening, non-verbal communication, and ways to clarify concerns expressed by a child. Chapter 3 also included a description of three forms of reflection: paraphrasing, reflection of feeling, and reflection of meaning. Finally, the chapter provided primary caregivers with a monitoring sheet, which encouraged caregivers to track the date, situation, and outcome of when they practiced neutral observations.

**Chapter 4: Conveying Concerns**

Conveying Concerns was also developed specifically for primary caregivers. The chapter began with a description of the defining the problem stage of Plan B. Next, Chapter 4 emphasized the importance of finding appropriate language to convey concerns to children. Specifically, the chapter focused on the difference between “You” and “I” statements.

**Chapter 5: Seeking Solutions**

Chapter 5 explained the invitation stage of Plan B. Additionally, Chapter 5 provided an overview of the brainstorming process.

**Resources**

The workbook concluded with a list of resources for caregivers and children. Specifically, the workbook included a list of books and a list of websites. Two staff at the agency generated the list of books using two inclusion criteria: first, the books had to support CPS and second, the books had to be approved by the agency’s Evidence-Based Practice Committee. The student researcher created a list of websites. The websites were for organizations in the community that provided mental health services to children or provided support to families, which included the agency’s website.

Images included in the workbook were selected from Pixabay (2017), Clipartsgram (2017), or Boardmaker (Mayer-Johnson, Inc., 2002). Snipping tool and Paint were used to crop images prior to inserting the images into the Word document. Images were also modified using various functions in Microsoft Word.

Information that was not directly associated with CPS (e.g., paraphrasing) was gathered from additional resources such as *THINK: Interpersonal Communication* by Engleberg, Wynn, and Roberts (2015) and *Learning the Art of Helping* by Young (5th Ed., 2013).
Once the workbook was complete, it was printed and bound using a clear cover, a black backing, and a black spiral binding. The paper copy of the workbook was provided to the agency.

**Word Count: 1,627**

**Chapter IV: Results**

The *Strengthening Problem Solving Skills Using the Collaborative Problem Solving Approach* workbook (Appendix D) contains 102 pages. The workbook includes a table of contents, five chapters, and resources. The first chapter provides an overview of the CPS approach and outlines the three routes to CPS, as well as how to select and prioritize the routes. Chapter Two begins with an overview of thinking skills. The chapter includes a total of 23 worksheets for primary caregivers to complete with children. The worksheets were designed to identify lagging skills and strengthen thinking skills. Chapters Three, Four, and Five outline the three stages of Plan B: Empathy, Conveying Concerns, and Invitation. Lastly, the workbook includes book and website resources.

Eighteen staff signed the consent forms and completed the staff questionnaire. The number of staff who selected each response option in Part I, II, and III of the staff questionnaire are represented in Tables 1, 2, and 3.
Table 1

*Number of Staff Who Selected Each Response Option in Part I of the Staff Questionnaire*

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written explanations are provided to primary caregivers and children</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Images are used to help primary caregivers and children understand CPS</td>
<td>0</td>
<td>2</td>
<td>8</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Diagrams are used to explain and facilitate CPS</td>
<td>0</td>
<td>1</td>
<td>7</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Activities, such as role plays, are completed with clients and relevant individuals</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Written explanations, images, diagrams, and activities are effective</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>11</td>
<td>4</td>
</tr>
</tbody>
</table>

Most staff selected *occasionally*, *often*, or *always* for Part I of the staff questionnaire. Staff responded with *occasionally* 24 times, *often* 40 times, and *always* 21 times, accounting for a total of 94% of the responses. The remaining 6% of responses were for *rarely* because none of the staff selected *never*. 
Table 2.

*Number of Staff Who Selected Each Response Option in Part II of the Staff Questionnaire*

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not Important</th>
<th>Somewhat Important</th>
<th>Neutral</th>
<th>Important</th>
<th>Very Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistent language</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Language that could easily be understood by primary caregivers and children</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>Visually appealing images</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Relevant images</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>Diagrams that follow a clear sequence (e.g., Empathy, define the problem, and invitation)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Diagrams are easy to understand and use</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td>Sufficient instructions for activities.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Activities that can be individualized</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>A workbook that is the appropriate length (i.e., not too short or long)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Sufficient detail on concepts</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>11</td>
</tr>
</tbody>
</table>

For Part II of the staff questionnaire, the response option *important* was selected 45 times, and *very important* was selected 134 times, which accounted for 99% of all responses. Conversely, *neutral* was only selected by one staff member, and *not important* and *somewhat important* were never selected.
Table 3.

Number of Staff Who Selected Each Response Option for Part III of the Staff Questionnaire

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
<th>Uncertain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary caregivers and children would benefit from written explanations</td>
<td>14</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>of CPS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visuals (i.e., images and diagrams) would increase the efficacy of</td>
<td>16</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>explanations provided to primary caregivers and children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activities would be a good way of helping clients and families understand</td>
<td>16</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>and practice CPS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would use a workbook during sessions with clients and families</td>
<td>15</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>I would provide a workbook as an option for clients and families to use</td>
<td>14</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>in between sessions</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The majority of staff selected the response option yes in Part III of the staff questionnaire. The response option yes was selected 75 times, which accounted for 83% of staff responses. In comparison, no was selected twice and uncertain was selected 13 times, accounting for only 17% of responses.

A mean was calculated for each response option by dividing the number of times a response was selected by the number of times the response could have been selected. The mean for each response option is presented in Figures 1, 2, and 3.
The response option *often* had the highest calculated mean. *Often* accounted for 44% of staff responses in Part I of the staff questionnaire. *Occasionally* and *always* had similar means of 27% and 23%, respectively. In contrast, the response option *rarely* had a mean of 6% and *never* had a mean of 0%.

*Figure 1. The mean for each response option in Part I of the staff questionnaire.*
The mean for each response option in Part II of the staff questionnaire.

The mean for not important and somewhat important were 0%, as neither response option was selected in Part II of the staff questionnaire. Similarly, the response option neutral had a mean of less than 1%. In contrast, important had a mean of 25%. The mean for important was still significantly lower than the mean of 74% for the response option very important.
Figure 3. The mean for each response option, per statement, in Part III of the staff questionnaire.

The response option yes evidently had the highest mean at 83%. Uncertain had the second highest mean in Part III of the staff questionnaire (i.e., 14%). No had the lowest mean of 2%.

Finally, the mode was calculated for Part I, II, and III of the staff questionnaire by identifying which response option was selected most frequently. The mode for each section is presented in Table 4.
For Part I of the staff questionnaire, the mode was often accounting for 40 of the staff responses. For Part II, very important was selected 134 times. Lastly, staff selected yes 75 times in Part III of the staff questionnaire.

In sum, the purpose of the thesis was achieved. A workbook was developed to minimize barriers to the implementation of CPS, and to strengthen the problem solving skills of clients at the agency. The data collected supported the need for a workbook to provide consistency in the delivery of home-based services, and accessibility of CPS resources to staff.

Word Count: 565

Chapter V: Discussion

Overview

The purpose of the thesis was to develop a workbook to minimize barriers to the implementation of CPS, such as challenges with receptive- and expressive-language. Further, the purpose was to strengthen the problem solving skills of primary caregivers and children using the CPS approach. Ashworth, Tapsak, and Tinsley Li (2012) had proposed that the mechanism of change for CPS was empathy. Therefore, counselling principles and techniques were included to emphasize the importance of empathy, and to provide primary caregivers with strategies to empathize with children. For example, reflecting skills, such as paraphrasing, reflecting feelings, and reflecting meaning were included as strategies that a caregiver could use to display empathy towards a child. Further, interpersonal communication skills, such as THINK (Engleberg, Wynn, & Roberts, 2015), were included in the workbook.

Johnson, Hoffart, and Nordgreen (2016) stated that there was significant variance in the attitudes of professions towards manuals. Therefore, before completing the workbook, the student researcher developed a questionnaire to determine (1) the current use of workbook elements in the home-based service, (2) the importance of criteria in determining staff satisfaction with a workbook, and (3) the perceived benefits and use of a workbook. Similar to the study by Johnson et al. (2016) the questionnaire indicated that staff already used workbook elements in the delivery of services, to some degree. The development of a workbook was thought to be beneficial because it would standardize treatment. Additionally, a workbook would provide staff with information and activities that could easily be individualized for clients. The questionnaire further indicated that all the criteria outlined by the student researcher were important in determining staff satisfaction with a workbook. Therefore, the student researcher used the criteria to guide the development of the Strengthening Problem Solving Skills Using the
Collaborative Problem Solving Approach workbook. To expand, the student researcher aimed for

- **Language that was consistent and appropriate for the target population.**
- **Images that were relevant and visually appealing.**
- **Diagrams that followed a clear sequence, and were easy to understand and use.**
- **Activities that had sufficient instructions and could be easily individualized.**
- **A workbook that was an appropriate length and contained sufficient detail.**

Lastly, the results of the questionnaire indicated that most staff perceived a workbook to be beneficial and were willing to implement a workbook either in home-based sessions or as a bridge between home-based sessions. The findings were congruent with the findings by Johnson et al. (2016), which indicated that most professionals found manuals to be useful to some degree. Johnson et al. found that professionals who practiced CBT had more positive attitudes towards manuals. Similarly, the current study found that most professionals who practiced CPS (i.e., a cognitive behavioural approach) had positive attitudes towards workbooks. Although the literature suggested that a workbook had not been used to facilitate the implementation of CPS, the questionnaire highlighted the potential benefits of a CPS workbook and the willingness of staff to use a workbook in the delivery of home-based services.

**Strengths**

A primary strength of developing the workbook and collecting data was the collaboration between the student researcher and the home-based service worker and senior manager. The home-based worker and senior manager continuously provided ample feedback to ensure that the workbook was beneficial to the agency and target population. Feedback was provided by the home-based service workers, the St. Lawrence College supervisor, and other St. Lawrence College faculty, regarding the selection and use of images.

Another strength of the study was staff participation. Due to the timing and time constraints, the research student had concerns about the number of staff who would sign the consent form and complete the questionnaire. Within a relatively short timeframe, eighteen staff had submitted the completed documents to the senior manager.

**Limitations**

There were a few limitations to developing the workbook. One limitation was ensuring the generalization of workbook content across caregivers and children. The aforementioned limitation was minimized by developing worksheets that could be individualized by home-based staff. Another limitation to the development of the workbook was that it was not implemented with caregivers and children. Therefore, experimental research has not demonstrated the effects of the workbook with the target population.

There were also a few limitations with regards to the staff questionnaire. Staff were asked to indicate the importance of criteria that was predetermined by the student researcher. These criteria may not have been comprehensive. This limitation was minimized by having a senior manager and the agency supervisor review the questionnaire prior to distribution. Further, the
limitation was minimized by including a comment section where staff could indicate additional satisfaction criteria. Another limitation to the questionnaire was that staff were asked to indicate whether the workbook would be used during home-based sessions or as a bridge between sessions before the developed workbook was reviewed. Thus, staff may have been less likely to be definitive, and more likely to select the response option *uncertain*.

**Multilevel Challenges**

**Client Level**

Participation was one challenge that the student researcher considered throughout the study. The student researcher had to consider the willingness of staff to complete the questionnaire, and further the willingness of staff, primary caregivers, and children to use the developed workbook. The student research, home-based worker, and the senior manager discussed the issue of participation. With respect to the questionnaire, scheduling and collection were considered significant determinants of staff participation (i.e., when the questionnaire was to be completed and how the questionnaire was to be collected). With respect to the workbook, the student researcher, home-based worker, and senior manager discussed whether a paper or digital copy of the workbook would be easier for staff to use with clients. Further, individualization was considered a significant determinant in the participation of caregivers and children.

**Program Level**

At the program level, a workbook may not be appropriate for every caregiver and child. The workbook was designed specifically to minimize barriers experienced by caregivers and children, but not all caregivers and children experience barriers. The workbook was designed, however, to benefit a broad population by accommodating a variety of learning styles. Use of the workbook would be at the discretion of the home-based worker, the caregiver, and the child.

**Organization Level**

A current challenge to service implementation is the duration of services. Each client admitted to the home-based services receives three months of services and one year of follow up. The police-referrals to the home-based services receive two month of services and one year of follow up. For some clients, two to three months may be an adequate timeframe to learn and practice the Collaborative Problem Solving approach. Other clients may require less or more time to benefit from the home-based services. A workbook would minimize this challenge by providing a tool for caregivers and children to use following termination of services.

**Societal Level**

A challenge at the societal level is that there are limited mental health services for children. Additionally, there is significant stigma surrounding children’s mental health (e.g., children are labelled as being ‘defiant’). A workbook would help facilitate mental health services for children by accommodating the child’s capacity and learning style. Additionally, the workbook was also designed to reduce stigma by focusing on lagging skills rather than motivation or personality.
Implications

CPS is an innovative approach in the field of behavioural psychology. The approach has been efficacious in addressing not only challenging behaviours, but also challenging cognitions and emotions. The workbook was designed to minimize barriers to the implementation of CPS. Specifically, the workbook would help caregivers and children, who may experience difficult understanding and articulating concerns, successfully use the CPS approach. The workbook would also have positive implications for caregivers and children who have different learning styles. By accommodating different learning styles, a workbook would make CPS easier for caregivers and children to understand. Further, accommodating different learning styles would increase client engagement.

Recommendations for Future Research

In the current study, staff, caregivers, and children did not have access to the completed workbook. As a result, the staff questionnaire asked generic questions about workbooks, rather than specific questions about the workbook that had been developed. In the future, satisfaction surveys should be provided to staff, primary caregivers, and children to determine their satisfaction with the produced workbook. Presuming staff are satisfied, the *Strengthening Problem Solving Skills Using Collaborative Problem Solving* workbook should be implemented with caregivers and children. The final product of the workbook will be made available on agency computers. Staff may select and individualize relevant information and activities. Experimental research should be conducted to evaluate the effectiveness of the workbook in minimizing barriers to the implementation of CPS and in strengthening the problem solving skills of caregivers and children.

Further, research should be conducted to identify whether a CPS workbook would be beneficial for alternative populations and settings. Lastly, research should be conducted to identify and evaluate alternative ways to implement CPS, because a workbook was only one alternative.
References


Appendix A
Informed Consent

St. Lawrence College
100 Portsmouth Ave.
Kingston, Ontario K7L 5A6

**Project title:** Strengthening Problem Solving Skills Using the Collaborative Problem Solving Approach: A Workbook for Primary Caregivers and Children

**Student Name:** Madison Taylor

**Name of supervisor:** Lana Di Fazio

**Name of Institution:** St. Lawrence College

**Name of Agency:** Removed for reasons of confidentiality.

**Invitation**

My name is Madison Taylor. I am a fourth year student in the Honours Bachelor in Behavioural Psychology at St. Lawrence College. I am completing a 14-week field placement at a children’s mental health agency. As a part of this placement, I am completing a research project (called an applied thesis). I would like to request your assistance to complete my research project. The information in this form will help you understand the project. Please read the information carefully and email me at MTaylor30@student.sl.on.ca with any questions you might have before you decide if you would like to participate.

**Why is this research study being done?**

For my research project, I created a workbook for primary caregivers and children based on the collaborative problem solving approach. The purpose of the workbook was to minimize barriers to implementing collaborative problem solving. One way in which a workbook would minimize barriers would be by accommodating a variety of learning styles (e.g., auditory, visual, or kinesthetic learning styles). I developed a questionnaire to identify patterns in the use of the workbook components, such as written explanations, diagrams, and activities by staff at the agency. The questionnaire will also ask staff to indicate what they consider important features of a workbook, such as visually appealing images. The staff will also indicate whether they perceive workbooks as beneficial and if they would use a workbook with clients.
What will you need to do if you take part?

If you choose to participate in this study, you will be asked to complete a questionnaire. The questionnaire will be brief, but may take up to 15 minutes to complete. The questionnaire will be sent by email to all home-based workers. Additionally, the questionnaire will be available during team meetings. Once the questionnaire is completed, it can be returned to the senior manager in his office or during a team meeting. It would be greatly appreciated if the consent forms and questionnaires were submitted by December 23rd, 2016 for ease of collection.

What are the potential benefits of taking part?

You may not benefit directly from your participation in this study. However, the questionnaire will provide an opportunity for you to express what has been or would be successful for you in delivering home-based services.

What are the potential benefits of this research study to others? (if applicable)

The potential benefits of this research study to others may include improvements in the implementation of home-based services at the agency. Services may improve by increasing the number of resources available to staff.

What are the potential disadvantages or risks of taking part?

Risks from taking part in this research study are minimal. If any questions are unclear, you may email me at MTaylor30@student.sl.on.ca for clarification. Additionally, all comments would be optional.

What happens if something goes wrong?

The questionnaire was not designed to cause strong reactions. However, if you experience a strong reaction as a response to a question on the questionnaire, please contact me, or one of my supervisors.

Will my information you collect from me in this project be kept private?

Every effort will be made to keep identifying information strictly confidential. The signed consent forms will be kept at the agency and St. Lawrence College in secured filing cabinets. The completed questionnaires will be kept in a secure location at the agency until the data can be inputted into an excel file on an encrypted computer. The completed questionnaires will then be shredded. Although
data may be presented in reports, publications, and presentations, your name or other identifiers will not be included.

Do you have to take part?

Participation is voluntary. You are able to decide whether or not to participate in this research project. If you decide to participate, you will be asked to sign this consent form. You will be unable to withdraw your results once the questionnaire has been submitted due to the anonymous nature of the data collection.

Contact for further information

This project has been reviewed by the agency and the Research Ethics Committee at St. Lawrence College. The project will be developed under the supervision of Lana Di Fazio, my supervisor from St. Lawrence College. I appreciate your cooperation and if you have any additional questions or concerns, feel free to ask me, at MTaylor30@student.sl.on.ca. You can also contact my College Supervisor, Lana Di Fazio at Lana.Difazio@csc.scc.gc.ca

Consent

If you agree to participate in this research project, please complete the following section below and return it to me, by email, as soon as possible. A copy of this signed document can be photocopied and returned to you, upon request. An additional copy of your consent will be retained at the agency and St. Lawrence College in secure locations for 10 years.

By signing this form, I agree that:

- The study has been explained to me.
- All my questions were answered.
- Possible benefits and risks of this study, if any, have been explained to me.
- I understand that I have the right to not participate
- I am free now, and in the future, to ask any questions I have about the study.
✓ I have been told that my personal information will be kept confidential.

✓ I understand that no information that would identify me will be released or printed without asking me first.

✓ I understand that I can receive a signed copy of this consent form.

✓ I understand that the data from this study will be presented at the St. Lawrence College Behavioural Psychology Poster Gala, and may be reported at other conferences or published in a scientific journal. No identifying information will be included in these reports.

I hereby consent to take part.

Participant Name

Signature of Participant

Date

Student Printed Name

Signature of Student

Date
Appendix B  
Thinking Skills Inventory

**Instructions:** Below is a list of thinking skills required to solve problems, be flexible, and tolerate frustration. Many children with social, emotional and behavioral challenges will have deficits in some of these areas. The skills are organized into five categories.
Rate the extent to which each skill is a strength or challenge by marking an “X” in one column for each skill. Use this Thinking Skills Inventory to inform the “Lagging Skills” column on the previous page.

<table>
<thead>
<tr>
<th>Language and Communication Skills</th>
<th>Consistent Strength</th>
<th>Sometimes a Strength</th>
<th>Depends</th>
<th>Sometimes Difficult</th>
<th>Consistently Difficult</th>
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</thead>
<tbody>
<tr>
<td>Understands spoken directions</td>
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<tr>
<td>Understands and follows conversations</td>
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<tr>
<td>Expresses concerns, needs, or thoughts in words</td>
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<tr>
<td>Is able to tell someone what’s bothering him or her</td>
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<table>
<thead>
<tr>
<th>Attention and Working Memory Skills</th>
<th>Consistent Strength</th>
<th>Sometimes a Strength</th>
<th>Depends</th>
<th>Sometimes Difficult</th>
<th>Consistently Difficult</th>
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</thead>
<tbody>
<tr>
<td>Sticks with tasks requiring sustained attention</td>
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<tr>
<td>Does things in a logical sequence or set order</td>
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<tr>
<td>Keeps track of time; correctly assesses how much time a task will take</td>
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<tr>
<td>Reflects on multiple thoughts or ideas at the same time</td>
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<tr>
<td>Maintains focus during activities</td>
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<tr>
<td>Ignores irrelevant noises, people, or other stimuli; tunes things out when necessary</td>
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<tr>
<td>Considers a range of solutions to a problem</td>
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<tr>
<td><strong>Emotion- and Self-Regulation Skills</strong></td>
<td>Consistent Strength</td>
<td>Sometimes a Strength</td>
<td>Depends</td>
<td>Sometimes Difficult</td>
<td>Consistently Difficult</td>
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<tr>
<td>Thinks rationally, even when frustrated</td>
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<tr>
<td>Manages irritability in an age-appropriate way</td>
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<tr>
<td>Manages anxiety in an age-appropriate way</td>
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<tr>
<td>Manages disappointment in an age-appropriate way</td>
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<tr>
<td>Thinks before responding; considers the likely outcomes or consequences of his/her actions</td>
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<tr>
<td>Can adjust his/her arousal level to meet the demands of a situation (e.g., calming after recess or after getting upset, falling asleep/waking up, staying seated during class or meals, etc.)</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Cognitive Flexibility Skills</strong></th>
<th>Consistent Strength</th>
<th>Sometimes a Strength</th>
<th>Depends</th>
<th>Sometimes Difficult</th>
<th>Consistently Difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handles transitions, shifts easily from one task to another</td>
<td></td>
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<tr>
<td>Is able to see “shades of gray” rather than thinking only in “black-and-white”</td>
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<td>Thinks hypothetically, is able to envision different possibilities</td>
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<tr>
<td>Handles deviations from rules, routines, and original plans</td>
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<tr>
<td>Handles unpredictability, ambiguity, uncertainty, and novelty</td>
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<tr>
<td>Can shift away from an original idea, solution, or plan</td>
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<td>Takes into account situational factors that may mean a change in plans (Example: “If it rains, we may need to cancel the trip.”)</td>
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<tr>
<td>Interprets information accurately; avoids over-generalizing or personalizing (Example: Avoids saying “Everyone’s out to get me,” “Nobody likes me,” “You always blame me,” “It’s not fair,” “I’m stupid,” “Things will never work out for me.”)</td>
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<td>Social Thinking Skills</td>
<td>Consistent Strength</td>
<td>Sometimes a Strength</td>
<td>Depends</td>
<td>Sometimes Difficult</td>
<td>Consistently Difficult</td>
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<tr>
<td>Pays attention to verbal and nonverbal social cues</td>
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<tr>
<td>Accurately interprets nonverbal social cues (like facial expressions and tone of voice)</td>
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<tr>
<td>Starts conversations with peers, enters groups of peers appropriately</td>
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<tr>
<td>Seeks attention in appropriate ways</td>
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<tr>
<td>Understands how his or her behavior affects other people</td>
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<td>Understands how he or she is coming across or being perceived by others</td>
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<tr>
<td>Empathizes with others, appreciates others’ perspectives or points of view</td>
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Appendix C
Strengthening Problem Solving Skills
using the Collaborative Problem Solving Approach:
Staff Questionnaire

Introduction: Madison Taylor is a fourth-year student in the Honours Bachelor in Behavioural Psychology program at St. Lawrence College. The degree requires students to complete a thesis, which is the development of a workbook for primary caregivers and children. The workbook is based on the Collaborative Problem Solving (CPS) approach, particularly Plan B. The following questionnaire has three purposes. The first purpose of the questionnaire is to obtain background information on the use of workbook components in the home-based program. Second, the questionnaire aims to assess staff satisfaction with the developed workbook. Lastly, the questionnaire will have staff indicate whether they think the workbook would be beneficial in explaining and facilitating CPS.

Instructions: Please draw a check mark (√) in the box that corresponds with your answer. Please select only one answer per question. Space is provided after each section of the questionnaire for comments. Please note that for the purpose of the thesis, primary caregivers are defined as parents, guardians, family members, and family friends.

*The results of this questionnaire will be included in Madison Taylor’s thesis. Every effort will be taken to ensure the anonymity of questionnaire results. Please do not write your name or include any identifying information to help maintain anonymity of the results. And, please answer as honestly as possible.

Part I: Background Information

<table>
<thead>
<tr>
<th>Statement:</th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Often</th>
<th>Always</th>
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</thead>
<tbody>
<tr>
<td>1. Written explanations are provided to primary caregivers and children.</td>
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<td>2. Images are used to help primary caregivers and children understand CPS.</td>
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<td>3. Diagrams are used to explain and facilitate CPS.</td>
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<td>4. Activities, such as role plays, are completed with clients and relevant individuals.</td>
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<td>5. Written explanations, images, diagrams, and activities are effective.</td>
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</table>
Part II: Satisfaction Criteria

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not Important</th>
<th>Somewhat Important</th>
<th>Neutral</th>
<th>Important</th>
<th>Very Important</th>
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<tbody>
<tr>
<td>1. Consistent language.</td>
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<td>2. Language that could easily be understood by primary caregivers and children.</td>
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<td>3. Visually appealing images.</td>
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<tr>
<td>4. Relevant images.</td>
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<td>5. Diagrams that follow a clear sequence (e.g. Empathy, Define the Problem, and Invitation).</td>
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<tr>
<td>6. Diagrams are easy to understand and use.</td>
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<td>7. Sufficient instructions for activities.</td>
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<td>8. Activities that can easily be individualized.</td>
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<td>9. A workbook that is an appropriate length. (I.e., not too short or long).</td>
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<td>10. Sufficient detail on concepts.</td>
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</table>

Comments:__________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
Part III: Benefits of Workbooks

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
<th>Uncertain</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Primary caregivers and children would benefit from written explanations of CPS.</td>
<td></td>
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<tr>
<td>2. Visuals (e.g., images and diagrams) would increase the efficacy of explanations provided to primary caregivers and children.</td>
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<tr>
<td>3. Activities would be a good way of helping clients and families understand and practice CPS.</td>
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<tr>
<td>4. I would use a workbook during sessions with clients and families.</td>
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<tr>
<td>5. I would provide a workbook as an option for clients and families to use in between sessions.</td>
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</table>

Comments: 


Thank you for participating!
Appendix D

Strengthening Problem Solving Skills

Using the Collaborative Problem Solving Approach

Madison Taylor
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Chapter 1:

Collaborative Problem Solving
Being a primary caregiver can be overwhelming. It is easy to internalize or externalize everything that happens in the home environment. In other words, it is easy to play the blame game. While one caregiver may feel incapable of managing a child with challenging behaviour, another caregiver may label a child as “defiant” or “lazy”. The Collaborative Problem Solving Approach puts an end to the blame game! The approach has two key principles:

1. **Challenging behaviour is a result of lagging skills.**

2. **Problems can be solved by teaching children skills.**

Therefore, challenging behaviour is not a result of the child’s personality or motivation.

Lagging skills are defined and explored in Chapter 2.
Skill NOT Will
Reframing Exercise

Instructions: READ the following sentences. Then, REWRITE each sentence to reflect the Collaborative Problem Solving philosophy that “children do well if they can”.

1. “Ignore her, Laura is just looking for attention!”

2. “Kevin is a manipulative little boy!”

3. “Jordan really knows how to push my buttons.”

4. “It’s because of Heather’s mental health diagnosis.”

Identifying Problems to be Solved

We use thinking skills daily.
We may

- Have a conversation with a family member
- Look both ways before crossing a road
- Read a book or watch television to wind down
- Reschedule an event because something came up
- Empathize with a friend.

Without realizing, we do these things because of expectations or triggers. Perhaps, there is a spoken or unspoken expectation on how often you talk to one of your family members. Perhaps you were triggered to empathize with your friend because they called you after a bad day.

According to the Collaborative Problem Solving approach, when a child does not have the thinking skills required to respond to triggers or meet expectations, it is considered a problem to be solved.

Image selected from Pixabay (2017).
The following two exercises aim to familiarize primary caregivers with the idea that behaviour is a result of a child’s ability or inability to respond to triggers or meet expectations. For example: The expectation may be for the child to complete their homework. The trigger may be opening a math workbook. The skills required for the child to respond to the trigger or meet the expectation could be emotion regulation skills such as managing frustration. Finally, the adaptive behaviour might be asking for help, and the challenging behaviour might be the child refusing to do their homework.

**Adaptive Behaviour Exercise**

**Instructions:** First, **CHOOSE** an expectation that a primary caregiver may have for a child. Then, **IDENTIFY** what skills would be required to meet the chosen expectation. Finally, **DESCRIBE** what an adaptive behaviour would look like.
Challenging Behaviour Exercise

**Instructions:** First, **CHOOSE** an expectation that a caregiver may have for the child that may NOT be met. Then, **IDENTIFY** what skills the child may be missing if the expectation is not being met. Finally, **DESCRIBE** what the challenging behaviour may look like.

<table>
<thead>
<tr>
<th>Expectation</th>
<th>Lagging Skills</th>
<th>Challenging Behaviour</th>
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</thead>
</table>


The Collaborative Problem Solving Approach identifies three routes to solving problem:

Plan A, Plan B, and Plan C.

**Plan A**

Naturally, primary caregivers have expectations of children. When an expectation is not met, caregivers may use numerous strategies to enforce an expectation. For example, a caregiver may expect two children to share their toys. If the children begin to fight over the toys, the caregiver may take the toys away. The Collaborative Problem Solving approach refers to this act of imposing our expectations unto children as Plan A. Plan A is an appropriate route to problem solving when an expectation cannot be negotiated (e.g., safety).
Plan B

The ideal route for Collaborative Problem Solving is Plan B. In Plan B, caregivers are willing to negotiate their expectations with children. Plan B tries to solve problems in a way that is reasonable and fulfilling for both the caregiver and the child. There are three stages to Plan B problem solving:

1. **Empathy**

   In the empathy stage of Plan B problem solving, primary caregivers gather information about the child’s concerns related to the problem. Caregivers can use strategies such as active listening, validation, normalization, rationalization, and reassurance; strategies will be further explored in Chapter III: Empathy Essentials.

2. **Defining the problem**

   While remaining empathetic, caregivers would then explain their concerns to the child. This will be elaborated on in Chapter IV: Conveying Concerns.

3. **Invitation**

   Once all the primary caregiver and child’s concerns have been expressed, the caregiver would invite the child to brainstorm solutions. Plan B emphasized the value in allowing the child to share their thoughts on potential solutions first. If the child has difficulty thinking of solutions, the caregiver can guide the child in thinking of solutions, or recommend solutions to the child. After the caregiver and child have discussed solutions, they can collaboratively decide which solution to use. The solution should be practical and satisfying for both the caregiver and the
child. Information on the Invitation stage will be explored further in Chapter V: Seeking Solutions.

**Plan C**

Occasionally, in a caregiver’s effort to enforce a behavioural expectation (e.g., the removal of a privilege), the child’s behavior is maintained or escalated. Similarly, sometimes primary caregivers and children cannot reach a mutual decision regarding solutions. In such cases, Plan C may be more appropriate. In Plan C, caregivers temporarily remove an expectation. The key word is **temporarily**; problems can be addressed in the future. Plan C is particularly beneficial when there are other problems that could be addressed.
The following six scenarios allow caregivers to practice their understanding of the three routes to CPS (i.e., Plan A, B, and C).

**Scenario 1:**
Medication Madness!

**Instructions:** READ the following scenario with the child. Together, **CHOOSE** which Collaborative Problem Solving plan was used (e.g., A, B, or C). **CIRCLE** your answer at the bottom of the page.

Matthew’s mom walked into his bedroom and said, “Matthew, it’s time for you to take your medication”. Matthew said, “no”, and began using inappropriate language with his mom. He started screaming that the medication made him feel sick. But, Matthew’s mom replied, “if you do not take your medication, you will not be allowed to go to your friend’s house”.

**Which CPS plan was used? (Circle One)**

- Plan A
- Plan B
- Plan C
Scenario 2:
Chaotic Chores!

Instructions: READ the following scenario with the child. Together, CHOOSE which Collaborative Problem Solving plan was used (e.g., A, B, or C). CIRCLE your answer at the bottom of the page.

Alexander’s dad wanted him to fold his laundry. Alexander became very angry, and screamed, “I need more time on the computer!” Alexander’s dad asked Alexander to tell him more about his concerns. Alexander explained that he was in the middle of a game that couldn’t be paused. His dad said, “I understand how it would be frustrating to get off the computer in the middle of a game. My only concern is that you will not have enough time to finish your chores”. Alexander’s dad then said, “I wonder if there is a way that your chores can get finished, but you could still get the time you want on the computer. Alexander said he could finish his chores in 10 minutes. His dad agreed and set a timer.

Which CPS plan was used? (Circle One)

Plan A   Plan B   Plan C

Images selected from Mayer-Johnson, Inc. (2002)
Scenario 3:
I Just Can’t Sit Still!

Instructions: READ the following scenario with the child. Together, CHOOSE which Collaborative Problem Solving plan was used (e.g., A, B, or C). CIRCLE your answer at the bottom of the page.

Mr. Arthur noticed that Thomas had a hard time sitting still in class. When Mr. Arthur asked Thomas why he couldn’t sit still in class, Thomas said, “I just can’t!” Mr. Arthur said, “We will talk about this later”, then he walked away to help another student.

Which CPS plan was used? (Circle One)

Plan A  Plan B  Plan C

Images selected from Mayer-Johnson, Inc. (2002)
Every time Catherine’s mom hands her clothes to get dressed, Catherine spits on her.

One morning, her mom said, “What’s up with getting dressed in the morning?” Catherine said, “I want to stay in my pyjamas, they are comfortable”. Her mom said, “I am concerned that if we argue in the morning you will be late for school”. Her mom then asked her if there were any possible solutions. Catherine asked if she could choose her own outfit. Her mom said yes.

Which CPS plan was used? (Circle One)
Scenario 5: Personal Space

Instructions: READ the following scenario with the child. Together, CHOOSE which Collaborative Problem Solving plan was used (e.g., A, B, or C). CIRCLE your answer at the bottom of the page.

During circle time, Lisa would often get into fights with other children.

Lisa’s teacher Mr. Brown said, “Lisa, you must respect people’s personal space and use your words when you are upset, or else I will send you to the principal’s office”.

Which CPS plan was used? (Circle One)
Images selected from Mayer-Johnson, Inc. (2002)
Scenario 6:
Battle at Bedtime

Instructions: READ the following scenario with the child. Together, CHOOSE which Collaborative Problem Solving plan was used (e.g., A, B, or C). CIRCLE your answer at the bottom of the page.

Lucas’ family wants him to be asleep in bed by 8:30 p.m. Lucas has explained that he is not tired at 8:30. Normally he will sit in his bed reading for an hour before he falls asleep. Lucas’ family decides to remove their expectation, because asking Lucas to stop reading causes arguments.

Which CPS plan was used? (Circle One)

Plan A Plan B Plan C

Images selected from Mayer-Johnson, Inc. (2002)
Plan B: Prioritizing Unsolved Problems

It can be difficult to implement Plan B for multiple unsolved problems. Ideally, the caregiver would select one or two unsolved problems to address using Plan B. Meanwhile, other unsolved problems can be addressed using Plan A or C. Plan A is only recommended for unsolved problems regarding safety.

The flowchart was designed to help caregivers prioritize unsolved problems.

Have you identified multiple unsolved problems?

Yes

Has a good relationship been established with the child?

Yes

Start with a Plan B for the most important problem (e.g., problems that occur often)

No

Start with a Plan B for a problem that would be easy to solve or that the child appears interested in.

No

Plan B can be used proactively by discussing expectations with children, discussing concerns, and negotiating.
Plan B Worksheet

Thinkkids has an alternative Plan B worksheets available at http://www.thinkkids.org/train/materials/ under the *Implementing Plan B* subheading.

**The Situation:** Write or draw a situation in a neutral way.

**Child Concerns:** Have the child *WRITE* or *DRAW* what they are thinking or feeling in the situation.
Caregiver Concern: WRITE or DRAW the concerns you have regarding the situation.

Solutions: Have the child WRITE or DRAW any solutions that may work in the situation.
Chapter 2:

Looking at Lagging Skills

Image selected from Pixabay (2017).
Overview of Thinking Skills

Language and Communication
A child’s ability to understand what people say (receptive language), and ability to verbally express themselves to people (expressive language).

Attention and Working Memory
Attention and working memory includes a number of skills such as a child’s ability to attend to relevant stimuli, manage time, and consider a range of solutions to problems.

Emotion- and Self-Regulation
A child’s ability to manage emotions, such as anxiety. Further, the ability to adjust one’s energy to suit the situation.

Cognitive Flexibility Skills
This skill refers to how well a child can transition from one thought or behaviour to the next. Further, cognitive flexibility skills refer to a child’s ability to see the bigger picture.

Social Thinking Skills
A child’s ability to attend to social cues, meet social standards, and take other people’s perspectives.

A **lagging skill** is any challenges a child experiences with regards to one of the above thinking skills.

*Image selected from Pixabay (2017).*
Thinking Skills Inventory (TSI)

The TSI (Think:Kids, 2016b) is an assessment tool used to identify children’s strengths and challenges regarding thinking skills. A copy of the TSI is included below.

**Instructions**: Below is a list of thinking skills required to solve problems, be flexible, and tolerate frustration. Many children with social, emotional and behavioral challenges will have deficits in some of these areas. The skills are organized into five categories. Rate the extent to which each skill is a strength or challenge by marking an “X” in one column for each skill. Use this Thinking Skills Inventory to inform the “Lagging Skills” column on the previous page.

<table>
<thead>
<tr>
<th>Language and Communication Skills</th>
<th>Consistent Strength</th>
<th>Sometimes a Strength</th>
<th>Depends</th>
<th>Sometimes Difficult</th>
<th>Consistently Difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understands spoken directions</td>
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<tr>
<td>Understands and follows conversations</td>
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<tr>
<td>Expresses concerns, needs, or thoughts in words</td>
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<tr>
<td>Is able to tell someone what’s bothering him or her</td>
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<thead>
<tr>
<th>Attention and Working Memory Skills</th>
<th>Consistent Strength</th>
<th>Sometimes a Strength</th>
<th>Depends</th>
<th>Sometimes Difficult</th>
<th>Consistently Difficult</th>
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<tbody>
<tr>
<td>Sticks with tasks requiring sustained attention</td>
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<tr>
<td>Does things in a logical sequence or set order</td>
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<tr>
<td>Keeps track of time; correctly assesses how much time a task will take</td>
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<tr>
<td>Reflects on multiple thoughts or ideas at the same time</td>
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<tr>
<td>Maintains focus during activities</td>
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<tr>
<td>Ignores irrelevant noises, people, or other stimuli; tunes things out when necessary</td>
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<tr>
<td>Considers a range of solutions to a problem</td>
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<tr>
<td><strong>Emotion- and Self-Regulation Skills</strong></td>
<td>Consistent Strength</td>
<td>Sometimes a Strength</td>
<td>Depends</td>
<td>Sometimes Difficult</td>
<td>Consistently Difficult</td>
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<tr>
<td>Thinks rationally, even when frustrated</td>
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<tr>
<td>Manages irritability in an age-appropriate way</td>
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<tr>
<td>Manages anxiety in an age-appropriate way</td>
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<tr>
<td>Manages disappointment in an age-appropriate way</td>
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<tr>
<td>Thinks before responding; considers the likely outcomes or</td>
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<td>consequences of his/her actions</td>
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<td>Can adjust his/her arousal level to meet the demands of</td>
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<tr>
<td>a situation (e.g., calming after recess or after getting</td>
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<td>upset, falling asleep/waking up, staying seated during</td>
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<tr>
<td>class or meals, etc.)</td>
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<table>
<thead>
<tr>
<th><strong>Cognitive Flexibility Skills</strong></th>
<th>Consistent Strength</th>
<th>Sometimes a Strength</th>
<th>Depends</th>
<th>Sometimes Difficult</th>
<th>Consistently Difficult</th>
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</thead>
<tbody>
<tr>
<td>Handles transitions, shifts easily from one task to another</td>
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<tr>
<td>Is able to see “shades of gray” rather than thinking only in</td>
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<td>“black-and-white”</td>
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<td>Thinks hypothetically, is able to envision different</td>
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<tr>
<td>possibilities</td>
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<tr>
<td>Handles deviations from rules, routines, and original plans</td>
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<td>Handles unpredictability, ambiguity, uncertainty, and</td>
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<tr>
<td>novelty</td>
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<td>Can shift away from an original idea, solution, or plan</td>
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<td>Takes into account situational factors that may mean a</td>
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<tr>
<td>change in plans (Example: “If it rains, we may need to</td>
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<td>cancel the trip.”)</td>
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<tr>
<td>Interprets information accurately, avoids over-</td>
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<tr>
<td>generalizing or personalizing (Example: Avoid saying “</td>
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<tr>
<td>Everyone’s out to get me,” “Nobody likes me,” “You</td>
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<td>always blame me,” “It’s not fair,” “I’m stupid,” “Things</td>
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<td>will never work out for me.”)</td>
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<tr>
<td>Social Thinking Skills</td>
<td>Consistent Strength</td>
<td>Sometimes a Strength</td>
<td>Depends</td>
<td>Sometimes Difficult</td>
<td>Consistently Difficult</td>
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<tr>
<td>Pays attention to verbal and nonverbal social cues</td>
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<tr>
<td>Accurately interprets nonverbal social cues (like facial expressions and tone of voice)</td>
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<tr>
<td>Starts conversations with peers, enters groups of peers appropriately</td>
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<tr>
<td>Seeks attention in appropriate ways</td>
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<tr>
<td>Understands how his or her behavior affects other people</td>
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<tr>
<td>Understands how he or she is coming across or being perceived by others</td>
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<tr>
<td>Empathizes with others, appreciates others’ perspectives or points of view</td>
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</tbody>
</table>
Language and Communication Skills

Image selected from Pixabay (2017).
Follow My Directions

**Instructions: READ** the following steps to the child.

**Step 1:** Place the picture of a bowl in the third square.

**Step 2:** Place the picture of the spoon in the second square.

**Step 3:** Place the picture of the table in the first square.

**Instructions: CUT** the following images. Ensure that your child knows what each image is: spoon, bowl, and table (respectively).

*Images selected from Pixabay (2017).*
Instructions: ASK the child the following questions. WRITE their answer on the lines provided.

Questions

Q1: Was it easy to follow the directions?          □ Yes □ No
Q2: Why do you find it easy or hard to follow the directions? ___________________________
Follow My Directions

**Instructions:** **READ** the following steps to the child. Then, **READ** the questions to the child and **WRITE** their answer on the provided lines.

**Step 1:** Draw a tree in the second square.

**Step 2:** Draw a cloud in the first square.

**Step 3:** Draw the sun in the third square.

---

**Questions**

Q1: Was it easy to follow the directions? □Yes □No

Q2: When do you generally find it easy to follow directions? _____________________________

________________________________________

________________________________________

Q2: When do you generally find it hard to follow directions? _____________________________

________________________________________

________________________________________
**Simone Says**

*Image selected from Pixabay (2017).*

**Instructions:** This activity requires three or more people. One primary caregiver will be *Simone*. **READ** the following rules to the child and another group member. When you begin playing, **IMPROVISE** numerous directions such as “Simone says touch your elbow” or “Hop on one leg”.

**Rules:**

The game is called Simone Says. One person will be Simone. Simone will give you numerous directions. You are to follow Simone’s directions ONLY if he begins the direction with “Simone says”.

**For example:**

- If he were to say “Simone says touch your head”, you would touch your head.

- If he were to say “Sit down”, you would not sit down because the person did not say “Simone says”.
Simone Says Questions

Q1: Did you find it easy to follow Simone’s directions?  □ Yes □ No

Q2: What made it easy or hard to follow Simone’s directions?

______________________________

______________________________
Topics for Discussion

Instructions: DISCUSS one or more of the following topics with the child. Then, ANSWER the discussion questions on the next page.

Topic 1:
If you could have any animal as a pet, which animal would you choose?

Topic 2:
If you could have any superpower, which power would you choose?

Topic 3:
If you had three wishes, what would you wish for?

Images selected from Pixabay (2017).
Discussion Questions

Q1: Did you find it easy to discuss the topic that you chose? □ Yes □ No

Q2: What made the topic easy or hard to discuss? ________________________________

_________________________________________

Q3: Did you find it easy to stay on topic? □ Yes □ No

Q4: What made it easy or hard to stay on topic? ________________________________

_________________________________________

Q5: Did you find it easy to listen to another person talk? □ Yes □ No

Q6: What made it easy or hard to listen to the other person? ________________________________

_________________________________________
Topics for Discussion

Instructions: Have the child CHOOSE a topic for discussion. DISCUSS the topic.

In the space below, have the child DRAW a picture to go with the topic for discussion.
Discussion Questions

Q1: Did you find it easy to answer the question?  □ Yes □ No

Q2: When do you find it easy to answer questions? ________________________________

________________________________________________________________________

________________________________________________________________________

Q3: When do you find it hard to answer questions? ______________________________

________________________________________________________________________

________________________________________________________________________

Q4: Did you find it easy to stay on topic?  □ Yes □ No

Q5: When do you find it easy to stay on topic? _________________________________

________________________________________________________________________

________________________________________________________________________

Q6: When do you find it hard to stay on topic? _________________________________

________________________________________________________________________

________________________________________________________________________

Q7: Did you find it easy to listen to another person talk?  □ Yes □ No

Q8: When do you find it easy to listen to other people talk? ____________________

________________________________________________________________________

________________________________________________________________________

Q9: When do you find it hard to listen to other people talk? ____________________

________________________________________________________________________
What’s Bothering You?

Instructions: READ the following scenario with the child. Then, ASK the child the three follow up questions. CHECK the appropriate box for the yes or no question. WRITE the child’s response to Q2, 3, and 4 on the lines provided.

Kevin and Jamal always have fun when they spend time together. One day, while walking to Kevin’s house, Jamal fell on his back! When Jamal arrived, he started being mean to Kevin.

Q1: Was Jamal upset with Kevin?
☐ Yes  ☐ No

Q2: What was bothering Jamal?

________________________________________________________________________________________

Q3: How could Jamal have known what was bothering him?

________________________________________________________________________________________

Q4: How could Jamal have told Kevin what was bothering him?

________________________________________________________________________________________

Images selected from Mayer-Johnson, Inc. (2002)
What’s Up with Lucy?

Instructions: READ the following scenario with the child. Then, ASK the child the three follow up questions. WRITE the child’s response to Q1, 2, and 3 on the lines provided.

Lucy and Becky always sat together on the school bus.

One day, Becky decided to sit with her friend, Keisha.

At school, Lucy started calling Becky a bad friend.

Q1: What bothered Lucy?

________________________________________

Q2: How could Lucy know what was bothering her?

________________________________________

Q3: How could Lucy explain to Becky why he was bothered by Becky’s actions?

________________________________________

Images selected from Mayer-Johnson, Inc. (2002)
Oh, Bother!

**Instructions:** Have the child **DRAW** and **EXPLAIN** a time when they were bothered by someone or something. **DISCUSS** how the child told someone what was bothering them.
Problem Vocabulary

For children who have limited vocabulary, it can be beneficial to teach problem vocabulary. It can be challenging to teach children how to identify specific concerns (e.g., I am disappointed). For some caregivers and children, it may be easier to begin with more generic statements (e.g., I need help).

I need help.

Image selected from Pixabay (2017).
Attention and Working Memory Skills

Image selected from Pixabay (2017).
Look for Letters

**Instructions:** READ the following directions to the child. Then, ASK the child the questions. CHECK the appropriate box for yes and no questions. WRITE the child’s answers on the lines provided.

**Directions:**

1. Look at the group of letters.
2. Circle each time you see the letter ‘A’.
3. Underline each time you see the letter ‘M’.

---

**Questions**

Q1: Was it easy to find and circle/ underline the letters ‘A’ and ‘M’? □ Yes □ No

Q2: What made it easy or hard to find and circle/ underline the letters ‘A’ and ‘M’? ___________________________
Look for Letters

Instructions: READ the following directions to the child. Then, ASK the child the questions. CHECK the appropriate box for yes and no questions. WRITE the child’s answers on the lines provided.

Directions:

1. Look at the group of letters.

2. Circle each time you see the letter E in lines 1, 3, and 5.

3. Underline each time you see the letter T in lines 2 and 4.

Questions

Q1: Was it easy to follow the directions? □ Yes □ No

Q2: What made it easy or hard to follow the directions? ________________________________
A Snowy Day Sequence

**Instructions:** Elena wants to build a snowman. She has never made a snowman, so she needs some help! Have the child **DRAW** the missing steps in the following sequence.

Dress Warmly

DONE!
I Spy

**Instructions:** Have the child **FIND** and **CIRCLE** the following items: A paw print, a tea cup, a cord, a CD, and coins. Then, **ASK** the child if the activity was easy or hard, and what made the activity easy or hard.
Start Sorting!

Instructions: CUT out the images along the dashed lines. Then, ASK the child to SORT the images into as many different groups as possible (e.g., by color).
Pizza Party

**Instructions:** READ the following scenario with the child. Next, ASK the child to come up with at least two solutions to the problem. WRITE the answers on the lines provided.

Martha’s grade three classroom was having a pizza party. Each student in the class was supposed to get two pieces of pizza. There were 10 students in Martha’s class and only 16 pizza slices. How could Martha’s teacher have solved this problem?

**Solution 1:**

**Solution 2:**

*Images selected from Pixabay (2017).*
Emotion- and Self-Regulation Skills

Images selected from Pixabay (2017).
Expressing Emotions

Instructions: READ the following questions to the child. CHECK the appropriate box for yes or no questions. WRITE the child’s answer of the lines provided.

Q1: When a person is overwhelmed, do you think that that person should tell someone?

☐ Yes  ☐ No

Q2: When a person is overwhelmed, why may it be a good idea for them to tell someone?

________________________________________

Q3: What words or actions might a person use to tell someone that they are overwhelmed?

________________________________________

Q1: When a person is angry, do you think that that person should tell someone?

☐ Yes  ☐ No

Q2: When a person is angry, why may it be a good idea for them to tell someone?

________________________________________

Q3: What words or actions might a person use to tell someone that they are angry?

________________________________________

Images selected from Pixabay (2017).
Q1: When a person is tired, do you think that person should tell someone?

☐ Yes ☐ No

Q2: When a person is tired, why may it be a good idea for them to tell someone?

Q3: What words or actions might a person use to tell someone that they are tired?

---

Q1: When a person is worried, should that person tell someone?

☐ Yes ☐ No

Q2: When a person is worried, why may it be a good idea for them to tell someone?

Q3: What words or actions might a person use to tell someone that they are worried?

---

Images selected from Pixabay (2017).
Q1: When a person is excited, do you think that that person should tell someone?

☐ Yes  ☐ No

Q2: When a person is excited, why may it be a good idea for them to tell someone?

________________________________________

________________________________________

Q3: What words or actions might a person use to tell someone that they are excited?

________________________________________

Images selected from Pixabay (2017).
Anatomy of Anxiety

**Instructions:** Have the child **COLOUR** the body parts that are affected when they are anxious, worried, or afraid. Then **ASK** the child what they feel in that body part. **WRITE** the child’s answer on the lines provided.

- **HEAD**
- **ARMS and HANDS**
- **CHEST**
- **STOMACH**
- **LEGS and FEET**
**Instructions:** Inside the picture below, have the child **WRITE** thoughts they have when they are anxious, worried, or afraid.

*Image selected from Pixabay (2017).*
Anatomy of Anxiety

**Instructions:** ASK the child what they do when they are anxious, worried, or afraid. **WRITE** the responses in the wheel below.
Dealing with Disappointment

**Instructions:** **ASK** the child to explain what the person should do in each of the scenarios. **WRITE** the child’s answer on the lines provided.

Ryan is disappointed because he was supposed to spend the week at his dad’s house, but his dad cancelled.

What could Ryan do to handle this disappointment?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Jenny is disappointed because she was sick and had to miss her friend’s party.

When Jenny is disappointed, what can she do?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Sophie is disappointed because another child at daycare was using the toy that she wanted to use.

How could Sophie have responded to this disappointment?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

*Images selected from Pixabay (2017).*
Dealing with Disappointment

**Instructions:** Have the child **DRAW** a situation in which they were disappointed. Then, have the child **DRAW** how they managed their disappointment.

*Image selected from Pixabay (2017).*
Reset after Recess

Instructions: ASK the child the following questions. CHECK the appropriate box for yes or no questions. WRITE the child’s answers on the lines provided.

Questions

Q1: What is your favorite thing to do at recess? __________________________________________

Q2: Do you find it easy to calm down after recess?  □ Yes □ No

Q3: What makes it easy or hard to calm down after recess? ________________________________

Image selected from Pixabay (2017).
Reset after Recess

**Instructions:** In the first square, have the child **DRAW** a picture of their favorite thing to do at recess. In the second square, have the child **DRAW** how they would calm down after recess.

Square 1:

Square 2:

*Image selected from Pixabay (2017).*
“But, I’m Not Tired”

Instructions: ASK the child the following questions. CHECK the appropriate box for yes or no questions. WRITE the child’s answers on the lines provided.

Questions

Q1: Do you find it easy to calm down around bedtime? □ Yes □ No

Q2: What makes it easy or hard to calm down around bedtime? ____________________________
__________________________________________
__________________________________________

Image selected from Pixabay (2017).
“But, I’m Not Tired”

**Instructions:** Have the child **DRAW** a picture of either (1) How they feel about bedtime (2) What their bedtime routine looks like, or (3) One thing they enjoy doing before bedtime.

Square 1:

*Image selected from Pixabay (2017).*
What Comes After Anger?

**Instructions:** ASK the child the following questions. CHECK the appropriate box for yes or no questions. WRITE the child’s answers on the lines provided.

**Questions**

Q1: Do you find it easy to calm down after you have been angry? □ Yes □ No

Q2: What makes it easy or hard to calm down after you’ve been angry? ____________________________

Image selected from Pixabay (2017).
What Comes After Anger

Instructions: In square one, have the child DRAW a picture of what someone may look like when they are angry. In square two, have the child DRAW a picture of one thing that may help someone calm down after they have been angry.

Square 1:

Square 2:
Create Your Own

**Instructions:** DRAW a picture of a situation in which the child may have difficulties regulating their energy levels (e.g., the child has too much energy in the classroom, or the child does not have a lot of energy in the morning). **ASK** the child if they find it easy or hard to adjust their energy levels, and what makes it easy or hard.

*Images selected from Pixabay (2017).*
Zones of Regulation

The Blue Zone:
Sad, sick, tired, bored, or moving slowly

The Green Zone:
Feeling okay, happy, focused, productive, or calm

The Yellow Zone:
Silly, excited, worried, annoyed, or agitated.

The Red Zone:
Elated, Terrified, Angry, or out of control.

Images selected from Pixabay (2017).
Zones of Regulation
Generic Wheel Template

**Instructions:** In each square, **DESCRIBE** what the child may feel in each zone. Then, **WRITE** strategies to manage the zone. **CUT** out the arrow below, **CONNECT** the arrow to the chart using a pin, have the child **PLACE** the arrow in the zone that matches the way they are feeling.
Cognitive Flexibility Skills

Image selected from Pixabay (2017).
Nicholas and his younger sister, Anna, want to go to the carnival.

What do Nicholas and Anna need to consider before they decide to go to the carnival?

__________________________________________________________________________

How would weather influence Nicholas and Anna’s decision?

__________________________________________________________________________

How would the time of day influence their decision?

__________________________________________________________________________

How would money influence Nicholas and Anna’s decision?

__________________________________________________________________________

Images selected from Pixabay (2017).
What’s the Situation?

**Instructions:** Have the child **DRAW** something they would like to do (e.g., Go to a carnival). Then, with the child, **BRAINSTORM** factors that may influence the situation (e.g., Weather). **WRITE** a list of identified factors.

**FACTORs**

- 
- 
- 

*Image selected from Pixabay (2017).*
GOOD Thinking

Instructions: READ the following questions to the child. WRITE the child’s answers on the lines provided.

What makes someone a GOOD person? __________

What makes someone a GOOD friend? __________

What makes someone a GOOD student? __________

What is one thing someone may be GOOD at? __________

What is one thing that may make a person feel GOOD? __________

What makes a person’s life GOOD? __________
GOOD Thinking Questions

Instructions: ASK the child the following questions. WRITE their answers on the lines provided. If a question appears to trigger a negative response, skip the question.

Q1: When do you feel like you are a GOOD person?

Q2: When do you feel like you are a GOOD friend?

Q5: When do you feel like you are a GOOD student?

Q6: What’s one thing you think you are GOOD at?

Q7: What makes you feel GOOD?

Q7: What makes your life GOOD?

Images in GOOD Thinking were selected from Pixabay (2017).
Social Thinking Skills

Image selected from Pixabay (2017).
But, Why?
Non-Verbal Cues

**Instructions:** READ the following questions to the child. WRITE the child’s answer on the lines provided. DEMONSTRATE the non-verbal cue if the child does not understand.

Why do you think a person would tap their feet?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Why do you think a person would tap their fingers?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Why do you think a person would roll their eyes?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Why do you think a person would put their hand out like this?

Why do you think a person would scratch their head?

Why do you think a person would cover their mouth?

Images selected from Pixabay (2017).
**Instructions:** Using the following as examples, ask the child to **IDENTIFY** a non-verbal cue (i.e., facial expression, gesture, etc.). Then, have the child **DRAW** the non-verbal cue. **ASK** the child how this cue would be used and **WRITE** the child’s response on the lines provided.
Clustered Conversation

Instructions: READ each of the following sentences. DISCUSS, with the child, whether the sentence could be used to start a conversation. Then, CIRCLE the identified sentences. Finally, ASK the child the three questions and RECORD the child’s answers at the bottom of this page.

Questions

Q1: Did you find it easy to identify which sentence could be used to start a conversation? □ Yes □ No

Q2: What made it easy or hard to identify which sentence could be used to start a conversation?

Q3: List a few ways a person would normally start a conversation.

Hello, my name is Joe. It wasn't a bad idea. I didn't see it coming! You can't do that. What? May I sit here? Last weekend, I went to the park.
Attention!

**Instructions:** READ the following questions to the child. CHECK the appropriate box for yes or no questions. WRITE the child’s answer on the lines provided.

Do you like to get attention from your parents? □ Yes □ No
When do you like to get attention from your parents? __________________________
________________________________________

How do you get attention from your parents? __________________________
________________________________________

Do you like to get attention from your teachers? □ Yes □ No
When do you like to get attention from your teachers? __________________________
________________________________________

How do you like to get attention from your teachers? __________________________
________________________________________

Do you like attention from your friends? □ Yes □ No
When do you like attention from your friends attention? __________________________
________________________________________
Attention!

Have the child **DRAW** a picture of how they would normally get someone’s attention.

*Images selected from Pixabay (2017).*
Chapter 3:

Empathy Essentials

Selected from Pixabay (2017).
Plan B: The Empathy Stage

The Empathy stage focuses on gathering the child’s concerns; this should begin with a neutral observation.

Example:

Unsolved Problem:
Derek and his mother fight every morning because Derek refuses to get on the school bus.

Neutral Observation:
“I have noticed that, lately, we have been arguing about going to school. What’s up?”

Generally, a neutral observation will begin with “I’ve noticed” and close with “what’s up?” Please note that neutral observations should not focus on the child’s challenging behaviour. Further, neutral observations should not assume the child’s thoughts, feelings, or motives.

Example:

Unsolved Problem:
Michael will begin throwing his school books whenever his father asks him to do his homework.

Observation that is not Neutral:
“I’ve noticed you do not care enough to do your homework”.

Images selected from Pixabay (2017).
Neutral Observation Log

**Instructions:** In the first column, **DESCRIBE** the unsolved problem. Then, in the second column, **WRITE** a neutral observation that could be used to start a Plan B conversation with the child. The last column is if you engage in a Plan B conversation using an identified neutral observation; **DESCRIBE** the outcome.

<table>
<thead>
<tr>
<th>Unsolved Problem</th>
<th>Neutral Observation</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
Reassurance and Validation

Children may be hesitant to share their concerns with a primary caregiver in fear that they may get in trouble. An important aspect of the Empathy stage is reassuring children. You may reassure a child by saying a statement like “I just want to understand”.

Further to encourage the child to openly discuss their concerns a caregiver should try to provide emotional validation; emotional validation is defined as the process in which a person listens to, understands, and expresses acceptance of another person’s experiences. Validation is not the same as agreeing; you may not agree with a child’s concerns, but it is important to acknowledge and accept the child’s thoughts and feelings.

Some negative habits that can be emotionally invalidating include:

The “Fix It” Approach

During the empathy stage, the focus should be on listening to the child’s concerns. It can be difficult to listen to the child express negative thoughts or emotions. Naturally, caregivers may try to alleviate children’s negative emotions. It is important to focus on listening. You and the child will begin to look at solutions in the Invitation stage of Plan B.

Example: “Cheer up” may unintentionally invalidate the child’s concerns.

The “Blame Game”

During this stage of the Plan B conversation, caregivers should be listening to the child; even if they do not agree. Although, for many caregivers it is important for the child to take responsibility for their behaviour, this should be addressed during the Defining the Problem stage, which will be explored further in Chapter IV: Conveying Concerns.

Example: “You are not very nice to others” would invalidate the child’s concerns.

Judgments
A child’s concerns may be logical or illogical. During a Plan B conversation, a caregiver should be cautious of comments that may express judgment towards the child’s concerns.

Example: “You shouldn’t think that way” demonstrates judgment towards the child’s concerns and may result in the child becoming more reserved.

**Minimization**

Children, like some adults, can be quite dramatic. It is important to realize that a child’s concerns are significant.

Example: A comment such as “That’s nothing to be upset about” will minimize the thoughts and feelings the child is experience and invalidate the concerns they have expressed.
**Listening Basics**

*Listening* can be defined as receiving, interpreting, and responding to verbal and non-verbal messages. *Empathetic Listening* is the active effort to understand another person’s situation, thoughts, feelings, wants, and needs.

### Poor Listening Habits

<table>
<thead>
<tr>
<th>Descriptor</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defensive Listening</td>
<td>• Attention is focused on preparing a response to the person's message.</td>
</tr>
<tr>
<td>Disruptive Listening</td>
<td>• Attention is focused on getting a chance to speak.</td>
</tr>
<tr>
<td>Pseudolisting</td>
<td>• The listener is not attending to the message but continues to use verbals and non-verbals to appear attentive</td>
</tr>
<tr>
<td>Selective Listening</td>
<td>• The listener does not attend to information that appears uninteresting or contradicts their own thoughts, feelings, and values.</td>
</tr>
<tr>
<td>Superficial Listening</td>
<td>• More attention is focused on the person's appearance; this may include physical traits, posture, facial expressions, gestures, etc.</td>
</tr>
</tbody>
</table>

### What Should You Do While Listening?

A. Minimize distractions in the environment.
B. Ensure that you can hear the message (e.g., The volume is loud enough).
C. Identify the meaning of the message. If you have trouble understanding the meaning, you may clarify with the child.
D. Summarize the message; highlight important points.
E. Remember important information.
F. Empathize as the child shares thoughts and emotions.
G. Finally, determine an appropriate response.
Important Non-Verbal Skills

Eye Contact
The way in which eye contact is interpreted varies across cultures and situations. Generally, however, eye contact is a powerful way to communicate. In Western culture, eye contact is often used to demonstrate attentiveness. Regardless of when or how you use eye contact, it is important to monitor the effect your eye contact has on others; in this case, the child.

Body Position
Body position primarily refers to posture. Posture does not need to be perfect. However, there are a few tips to attentive posture:

- Lean slightly towards the speaker; the child.
- Maintain an open posture by keepings arms and legs uncrossed.

Posture will vary from person to person and setting to setting. Monitor the setting and child to determine the type appropriate posture.

Facial Expressions
During the Empathy stage of Plan B, it is important to attend to the child’s emotions. One way to attend to a child’s emotions is by observing their facial expressions.

It is also important, during Plan B conversations to be aware of your own facial expressions. Facial expressions can be beneficial, or can cause a child to be reserved with their thoughts and emotions.
Gestures

Excessive use of gestures, or limited use of gestures, can be perceived as disinterest. Therefore, it is important to try to use a moderate amount of gestures; monitor how these gestures are perceived by the child. However, the use of gestures will vary from person to person. Some people do not use any gestures, and others use gestures frequently without realizing.

Touching

Human touch, such as a hug, can be reassuring for some children. For other children, touch can be uncomfortable. It is important to be cautious if you are going to use touch.

Silence

Silence can be a beneficial tool during conversations to allow people to reflect on thoughts, emotions, and behaviours. Generally, discomfort with silence can be observed. Depending upon your comfort and the child’s comfort with silence, you may include or omit brief periods of silence.

Tone

One strategy during conversations is to mirror the other person’s emotion; to clarify, this does not mean match the intensity. If for example, a child was yelling because they are angry, you may try to place emphasis on words that convey the other person’s emotion (e.g., “you sound really excited”). Generally, while listening to a child’s concerns, you would want to maintain a calm tone.
Clarifying

Clarifying is an important aspect of the Empathy stage; it demonstrates to the child your commitment to understanding their concerns. However, clarifying can be a surprisingly challenging aspect of the Empathy stage. First and foremost, a caregiver may be confident in their understanding of the child’s concerns. But, even when you are confident in your understanding of the child’s concerns, it is important to clarify. A second challenge to clarifying is being uncertain of what questions to ask to clarify. Generally, questions focus on the following

Who  What  When  Where  Why

Clarifying statements, such as “Tell me more about that”, can also be used to encourage the child to share their concerns.
Reflecting

Reflecting is the ability to restate information in a condensed, original, and nonjudgmental way. It is a beneficial strategy to use during Plan B because it communicates understanding and empathy. There are three types of reflecting:

**Paraphrasing**

A strategy used to clarify or convey understanding that involves restating important facts or thoughts that another person has shared using different words.

**Reflecting Feelings**

This strategy involves identifying emotions that another person expresses verbally or non-verbally.

**Reflecting Meaning**

Reflecting meaning involves relating information a person has shared to their perception of self, others, and the world.

*Image selected from Pixabay (2017).*
Although paraphrasing is an excellent strategy to convey understanding and empathy, there are numerous problems that could occur.

1. A person may have difficulty attending to a conversation due to distractions (e.g., background noise).

2. A person may not be able to focus on the information being shared if they are preparing how they will respond.

3. Paraphrasing may be ineffective if the response is too similar to the original message.

4. It can be difficult to minimize the risk of someone perceiving a response as a judgement.

*Image selected from Pixabay (2017).*
Roadblocks to Reflecting Feelings

1. Waiting too long to reflect.

2. Turning the reflection into a question.

3. Focusing on the wrong topic.

4. Under- or over-stating the intensity.
   e.g., a “little” versus “incredibly annoyed”

*Image selected from Pixabay (2017).*
Chapter 4:

Conveying Concerns

Image selected from Pixabay (2017).
Plan B:  
Define the Problem Stage

The term **dueling solutions** is defined as the power struggles between caregivers and children. Dueling solutions often occur when the child or caregiver’s concerns are not sufficiently discussed.

![Image of two people fencing](image)

**Defining the Problem** is the second stage of Plan B. In this stage, caregivers can express their concerns to the child. Occasionally, caregivers may find it difficult to explain their concerns. However, most caregivers are concerned with health and safety, or the impact of the child’s behavior.

**Example:**

**Unsolved Problem:**
Picky Eating

**Define the Problem:**
“My concern is that when you do not eat you feel tired and your stomach hurts. This also makes it hard for you to do things you enjoy”.

*Images selected from Pixabay (2017).*
Finding a Way with Words

Often, caregivers’ vocabularies exceed children’s. It is important that when we share our concerns with children, we use words that they can understand. Further, there is a difference between the words a person can understand when they see the word versus when they hear the word.

The following are a few guidelines to consider during the Define the Problem stage of Plan B.

1. **Use short and simple words and sentences (e.g., large vs. substantial).**

2. **Use words that are familiar to the child.**

3. **Use contractions (e.g., I’m vs. I am).**

*Image selected from Pixabay (2017).*
You and I

The use of pronouns can make a significant difference in the way a message is perceived.

**You language** expresses judgment. You language can be used to praise a person; for example, “You are working really hard!” However, you language can also be used to blame others; for example, “you are embarrassing!”

**I language** ensures that the speaker takes responsibility for their thoughts, feelings, and behaviour. There are three necessary components to I language.

- Identify the feelings you experienced or are currently experiencing.
- Describe the person’s behaviour; this includes what the person said.
- Explain the consequences or potential consequences.

**Example:**

“Last night, I felt disappointed by the inappropriate language that was used during our conversation. I was uncomfortable continuing our conversation when that language was being used”.

*Image selected from Pixabay (2017).*
Chapter 5:

Seeking Solutions

Images selected from Pixabay (2017).
Plan B: The Invitation Stage

The third stage of Plan B is the Invitation stage. At this point, the concerns of the child and caregiver have been explored. The child and caregiver may now collaboratively search for a solution.

The invitation stage usually begins with the caregiver summarizing the concerns. The caregiver would then provide the child the first opportunity to identify solutions.

**Example:**
“Do you have any ideas?”

If the child is having difficulty thinking of solutions, the caregiver may provide assistance by asking questions or making recommendations.

Once potential solutions have been identified, the primary caregiver may ask the following questions:

- Does this address the child’s concerns?
- Does this address the caregiver’s concerns?
- Is this solution doable?
- Are there any other concerns regarding the proposed solution?

*Images selected from Pixabay (2017).*
Caught in a Brainstorm

Brainstorming is a process used to produce numerous ideas in a short timeframe. Brainstorming can have a few drawbacks; first, brainstorming is not appropriate during a crisis. In such times, it may be more appropriate for the caregiver to make a quick decision in the best interest of the child. Second, it can be hard to transition from brainstorming to a solution. Below are a few brainstorming guidelines.

<table>
<thead>
<tr>
<th>Brainstorming Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Begin with a well-defined problem.</td>
</tr>
<tr>
<td>2. Set a limit of how many solutions to brainstorm (e.g., 10).</td>
</tr>
<tr>
<td>3. Write and number potential solutions on a piece of paper.</td>
</tr>
<tr>
<td>4. Let the kid know that they can be as creative as they’d like.</td>
</tr>
<tr>
<td>5. Continue to encourage the child to come up with ideas, and only evaluate the ideas at the end.</td>
</tr>
</tbody>
</table>

Image selected from Pixabay (2017).
Resources

Image selected from Pixabay (2017).
Books

- **Treating Explosive Kids: The Collaborative Problem Solving Approach**  
  By: Ross W. Greene and J. Stuart Ablon

- **Lost at School**  
  By: Ross W. Greene

- **Getting from Me to We**  
  By: Shonna Tuck

- **Born to Love**  
  By: Bruce Perry

- **The Zones of Regulation**  
  By: Leah M. Kuypers

*Image selected from Pixabay (2017).*
Websites

• http://www.crossroadschildren.ca/

• http://www.thinkkids.org

• http://www.pleo.on.ca

• http://www.cheo.on.ca/en/HealthBitsAZ

• http://www.ysb.ca/index.php?page=home&hl=eng

• http://familyservicesottawa.org/

• https://www.octc.ca/