Collaborative Problem Solving Manual

By

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*The procedures in this parent manual are meant to be used by parents of students in a Crossroads, Collaborative Problem Solving Classroom.
To Leonard and Marcella for all their love and support
CPS Manual

Abstract

This thesis was written to fill a void in the treatment process at the Crossroads-McHugh Education Centre. Crossroads-McHugh is a mental health organization working with children ages 6-12. It follows the treatment method referred to as Collaborative Problem Solving. This manual was written to give parents a tool to further understand Collaborative Problem Solving as it is used in their child’s day treatment program. This manual is a document printed on both sides of one 17 x 11 inch page and folded in half. The manual was created to be easy to read for parents and simply give a basis from which to further understand the treatment method in use with their child. It should give parents a starting place to ask the appropriate questions concerning their child’s treatment and a place from which to begin further research should they wish to do so. It is recommended in the future that the implementation of this manual is researched to further understand what aspects are helpful to parents and whether the manual assists parents in the understanding of the Collaborative Problem Solving method.
Acknowledgements

Thank you to the staff at the Crossroads-McHugh Education Centre for all of their support throughout the creation of this thesis; it is my deepest hope, that it will do justice to the work you do everyday
Chapter I: Introduction

Parents are the most important person in a child’s life. As such parents should be encouraged as full participants in any treatment of which their child is a participant. Support from a parent demonstrates to children that they are a part of the treatment team, helping to encourage the acquisition of effective skills and strategies. Diagnoses often distract parents from the true factors leading to challenging behaviours as well as the conditions under which these behaviours will occur (Greene, 2011). When parents are able to become more proficient in Collaborative Problem Solving, it becomes a means of resolving disagreements and defusing potentially problematic situations therefore reducing the likelihood of aggressive outbursts (Greene et al., 2004). A common evidence based practice for difficult behaviours is parent involvement by which parents are taught to change their own parenting behaviour to support the changes their children are making (Haine-Schlagel et al., 2011).

Crossroads Children’s Centre has been servicing children under the age of 12 since 1995. Crossroads is a non-profit organization that offers a variety of treatment formats in the mental health field. Crossroads, in combination with the M. F. McHugh Education Centre, offers an educational alternative for students with emotional or behavioural difficulties. These difficulties cause their educational needs to be unfulfilled by a regular elementary school environment. The goal of this day treatment program is to help children develop the skills to function successfully and return to their community school.

Crossroads follows the treatment model laid out by Dr Ross Greene of the Department of Psychiatry at Harvard Medical School, referred to as Collaborative Problem Solving (CPS) (Greene, 2008). Collaborative Problem Solving follows the premise that children will do better if they can and that behind every difficult behaviour is a lagging skill or unsolved problem. It is
the CPS belief that no child wants or sets out to do poorly (Greene, 2008). This educational alternative, services children ages 6-12, broken into primary and junior categories. Each day treatment classroom offers 12 students spots, supported by; one teacher, one child & youth worker, and one educational assistant, overseen by clinical, psychiatric and psychological services. This multidisciplinary team allows for a balance of treatment and education throughout the day.

Creating a manual for parents is important because parents generally receive very little actual information on the theory behind the Collaborate Problem Solving (CPS) but rather they hear more about the implementation of the model during their regular contact with staff. The manual will allow parents a more thorough understanding of CPS with the hopes they will be able to employ some of the tactics in the home; this will in turn encourage parents to participate more in the CPS process at the school as well. Crossroads mandates that parents are to be a full partner in all treatment and planning goals for their child, this manual will help to facilitate this mandate by allowing parents to be educated in the model of the treatment being actively used with their children. Using methods of parent education, parent-child communication and involvement can be improved therefore reducing disruptive or delinquent behavioural problems (Reyno & McGrath, 2006; Burke, Pardini & Loeber, 2008). It is proposed that a manual on the use of the Collaborative Problem Solving technique will be a useful tool to help parents of children in the Crossroads-McHugh program.

This thesis will include; a literature review of applicable research in the CPS field and in creating manuals, methodology of what the manual will include, the manual itself, a discussion section, as well as an abstract.
Chapter II: Literature Review

Collaborative Problem Solving (CPS) has been found by Greene and Ablon (2006) to be a helpful treatment method for treating children described as aggressive, angry, raging, resistant, and noncompliant as well as children with diagnoses of operational defiant disorder (ODD), conduct disorder (CD), and intermittent explosive disorder. The Crossroads Children’s Centre is a treatment centre geared towards children with fear, sadness, disruptive behaviour, angry outbursts, problems in school, aggression or social isolation; this makes Crossroads a perfect fit for a Collaborative Problem Solving treatment style. Salisbury and Evans (1993) found CPS to be a useful tool for engaging students in their treatment when used in a special education classroom such as the day treatment program in the Crossroads-McHugh program.

CPS refers to behavioural deficits as lagging skills. These lagging skills are essentially areas that need improvement to allow the child to do better under the circumstance that calls for this area of skills. CPS groups lagging skills into 5 skill areas. The first skill area is executive skills, which include working memory, organization and planning, and shifting cognitive set (Greene & Ablon, 2006). Language Processing Skills may include children who struggle to communicate their emotions, and have difficulty expressing thoughts, needs or concerns (Greene & Ablon, 2006). Another lagging skill is Emotion Regulation Skills and difficulty staying calm enough to think rationally when frustrated (Greene & Ablon, 2006). Cognitive Flexibility Skills includes a need for predictability, routines and a strong black-and-white mindset (Greene & Ablon, 2006). The last lagging skill is Social Skills. This includes a poor ability to read social cues, lack of ability to attain attention in appropriate ways, lack of empathy, and inaccurate self-perception (Greene & Ablon, 2006).
Upon determining the lagging skills the first step is to empathize with the child while reassuring them that you understand why they are concerned (Greene & Ablon, 2006). By defining the problem it ensures that there is a specific definition and thorough understanding of the concern. Lastly, by creating an invitation to make a decision or choice the child has all their potential behavioural options or choices laid out for them and they are encouraged to select the correct one (Greene & Ablon, 2006).

Greene and Ablon found that by grouping lagging skills, the first goal of treatment is to identify what skills are lagging to explain the behaviour. From that the lagging skills can be used to identify triggers that are commonly precipitating the behavioural episodes. By focusing on the lagging skills and predictable settings the behavior becomes highly foreseeable and more understandable (Greene & Ablon, 2006).

Kulkarni, Deshmukh, & Barzman, (2010) found that with the use of the CPS model there was a significant reduction in seclusion and restraint. Using the CPS method researchers were able to predict the behaviour more accurately by judging when the lagging skills would be called upon. The children included in this study were a part of an inpatient program, and struggled with aggression. CPS optimized the chance of reaching a solution acceptable to all parties; including both the children and their adult caregivers (Kulkarni, Deshmukh, & Barzman, 2010). CPS was found to be effective in managing aggression when the treatment has been individualized to the needs of the child (Kulkarni, Deshmukh, & Barzman, 2010). Individualization is when the treatment is completed based on the lagging skills of the child.

Individualization of treatment can sometimes surpass the needs of the child and include the needs of the parent or caregiver. Brannan, Heflinger, & Foster found that families influence their children’s use of mental health services (2003). The way a family makes use of the
available mental health services will impact the way the child makes use of services. By including a parent in the child’s treatment, it will improve the family as a whole’s use of the services as well as treatment outcomes.

Johnson, Östlund, Fransson, Landgren, Nasic, Kadesjö, ... Fernell (2012) found that adults must consider lagging skills to be the equivalent of a developmental delay (Johnson et al., 2012). The target group of this study consisted of children ages 6-13, with considerable behavioural problems (at school and in the home), they all met the DSM-IV diagnostic criteria for ADHD and ODD (Johnson et al., 2012). Each family met with educator once a week for 6-10 weeks (depending on the families level of need) (Johnson et al., 2012). After looking at possible triggers and lagging skills the parents and children were given problem solving strategies and encouraged to follow Greene’s stages (Johnson et al., 2012). This study found that CPS as a family intervention was helpful for children with ADHD and ODD. The study also found that the parents must have a thorough understanding of the child’s lagging skills (Johnson et al., 2012). By using the CPS method that the child would have a greater opportunity to learn new cognitive skills (Johnson et al., 2012). Johnson et al. found that using a multidisciplinary approach was key to the success of the CPS program (Johnson et al., 2012).

In keeping with a multidisciplinary approach Molnar (2013) found in an elementary school based study of 10 to 14 year olds, that home and community factors will play a role in a student’s perception of safety. In an area with higher crime rates, a school program was put in place to encourage parents and children together to help work towards a more safe and secure environment. The level of safety and security a student feels will directly impact their behavior as well as academic performance (Molnar, 2013). When children talked to their parents about their studies, school activities and other concerns, they were able to feel safer at school (Molnar,
Researchers suggested by encouraging parental involvement it also encourages parental role models, and allows for an effective way to involve parents (Molnar, 2013). This was an effective method of increasing safety and security because children were able to feel like their parents were more included in their lives at school. By encouraging parents to participate in the CPS method, the children will then feel as though their parents are more a part of their treatment.

Parental involvement was also found to be important in a study by Norton (1982) parents were provided with training to improve the parent-child relationships. In the first phase parents were taught to increase appropriate behaviours through the use of differential attention and rewards (Norton, 1982). This program encouraged teaching of appropriate behaviours and increasing quality time spent between parents and children (Norton, 1982). By increasing quality time spent between parents and children, it also increases the positive relationships within the parent-child relationship (Norton, 1982). Using Collaborative Problem Solving, quality time between parents and children can be increased when they are working together to create a positive outcome.

Parental involvement also helps in the area of maintenance; Burke, Pardini & Loeber (2008) found that over time parent-child behavioural routines become more established and therefore more resistant to change. Parenting practices such as level of involvement, conflict management, monitoring, and discipline have all been correlated with a child’s disruptive behaviour (Burke, Pardini, & Loeber, 2008). By using parenting behavioural interventions, the intervention as a whole will be more effective (Burke, Pardini, & Loeber, 2008). Reyno and McGrath (2006) studied the development of parenting training programs. Clinician or Therapist-led parent training were proven to be effective in creating a positive change in both the parent and child behaviours (Reyno & McGrath, 2006). With the use of a parent training program it
was found that the positive effects of the programs (parent involvement) were able to be
maintained over time (Reyno & McGrath, 2006). By creating a CPS manual for parents, as a
form of intervention, the day treatments intervention will become more effective; it will also
increase the overall parent involvement in the treatment process.

Haine-Schlagel, Brookman-Fraze, Fettes, Baker-Ericzen, & Garland (2011) found that
parent inclusion in treatment of disruptive behaviours was a key component to a successful
treatment. This meta-analysis found that when comparing individual child treatment to
treatments that included parents, the youth who received parent inclusive interventions showed
significantly greater improvement that those who received individual treatment (Haine-Schlagel
et al., 2011). Based on this the use of a parent involved treatment can be conceptualized as a
evidence based procedure that can complement and improve current efforts in a community
based care (Haine-Schlagel et al., 2011). In their study which included 82 therapists, servicing
191 children ages 4-13, the need for parent involvement in treatment is supported (Haine-
Schlagel et al., 2011).

While parental involvement has been proven to increase the effectiveness of treatment,
strategies to increase parental involvement must be investigated. In a parent training manual
created by Kratochwill, Elliott, Loitz, Sladeczek & Carlson (2003), children’s problem
behaviours such as homework completion were targeted. The use of a parent training manual
was found helpful in targeting problem behaviours. Programs where training parents in a variety
of skills were found to be more helpful for children with conduct disorder (Kratochwill, Elliott,
Loitz, Sladeczek & Carlson, 2003). Including parents in the treatment of their children will be
helpful for the population of children in Crossroads-McHugh day treatment program.
Another strategy in increasing parent involvement is by providing parent training. This was looked at by Larsson, Fossum, Clifford, Drugli, Handegard, & Morch (2008). By improving parental practices parents will have a reduced stress level and by having a between understanding of the treatment, parents were able to take a much more harmonized view of their child’s behaviours (Larsson et al., 2008). Allowing parents to become more involved in their child’s treatment by giving them a more thorough understanding will decrease the parent’s level of stress.

Parent training and decreasing parental stress can be achieved through a parent training manual. Bernal & North (1978) looked at 26 commercially available parent manuals to help improve professional selection of manuals. It was Bernal & North’s believe that parents should be trained and used as agents of change for their children within their natural environment, therefore bringing a more durable generalized change (1978). When selecting a training manual the professional must look at the reading level, as this was a key aspect to the parent’s level of understanding of the manual; the manual must also have content tailored to the issue at hand as this will likely lend more help to the parents and therefore lead to more success (Bernal & North, 1978). The CPS manual will be tailored to the population that the Crossroads-McHugh say treatment program services, and will in turn focus on the needs of the parents and children that are a part of the program. In designing a parent training manual for adolescent parents, Lambert (1998) found that the manual must be designed to be understood by parents of low education levels with the focus of promoting quality parent-child interactions (Lambert, 1998). Important aspects of the manual to encourage understanding by parents included format, readability, and content (Lambert, 1998). Format included binding, print size, table of contents, organization and overall attractiveness (Lambert, 1998). Readability mainly meant that all language and words
CPS Manual

were easily understood and that there were few areas that were unclear (Lambert, 1998). Content was whether the subjects liked or disliked the manual as a whole, whether some areas were better than others, additional information that should have been included, if they would use it, if they would recommend it to others, and how they thought it could be used best (Lambert, 1998). Lambert recommended that professional jargon was kept to a minimum, when used it was always explained (Lambert, 1998).

CPS is a helpful treatment method for the population serviced at Crossroads. In creating a manual for parents the groupings of lagging skills must be explained to the parents as well as the theory behind the relation between lagging skills and triggers. CPS can reduce seclusion and restraint of inpatient children as well as decrease levels of caregiver strain (Kulkarni, Deshmukh, & Barzman, 2010; Brannan, Heflinger, & Foster, 2003). By including parents in their child’s CPS treatment as a family intervention, the treatment has been found to be more effective (Johnson et al., 2012). Including parents in the child’s daily activities including treatment has lead children to feel more safe and secure (Molnar, 2013). Including parents in treatment correlates with a more positive parent-child relationship and improve treatment outcomes (Norton, 1982; Burke, Pardini, & Loeber, 2008). Creating a parent manual has been found to be helpful for children with diagnoses such as the ones being treated by the Crossroads-McHugh program, if the reading level is appropriate for the parents (Bernal & North, 1978). Creating a Collaborative Problem Solving manual for the parents of children being serviced by the Crossroads-McHugh day treatment programs is believed to be a way of creating a helpful tool for parents to improve the outcome of their children’s treatment.
Chapter III: Method

Target Reading Audience

This manual will be self-administered by the parents of participants in the Crossroads-McHugh Education Centre, meaning that there will be no need for contact between Crossroads staff and parents in regards to the content of the manual and its administration (Glasgow & Rosen, 1978). The target readers of this manual will be all parents of children who qualify for the Crossroads-McHugh Education Centre; these children often have behavioural and learning difficulties. These parents are of varying ages, reading level and cognitive abilities.

Development of Manual

When designing a manual the key aspects are the type of manual to be constructed, how it is to be utilized and how it will later be evaluated (Glasgow & Rosen, 1978). The manual is in the form of a printed word document, broken into sections covering the implementation of Collaborative Problem Solving. The reading level of the manual was created for to be the most readable content possible while still covering the all the appropriate information. The manual was kept to the shortest length deemed possible to improve its readability.

Chapter IV: Manual

The manual is a two page (front and back) colour document. It was printed on 17 x 11 inch paper and folded in half to create one newsletter style piece. The manual can be viewed in
Appendix C. The document gives all of the essential information around Collaborative Problem Solving and gives information on where to find further readings. It is anticipated that the manual will become a part of the intake package given to parents during their initial meeting with Crossroads-McHugh staff.

**Chapter V: Discussion**

This thesis was to create a parent manual on Collaborative Problem Solving as it is used the Crossroads-McHugh Education Centre’s day treatment Classrooms. This manual should help facilitate parent participation in their child’s treatment.

The idea for the manual came from reviewing the current intake package for the day treatment program. After discussing the package with day treatment staff it was determined that there is currently a missing piece in the package and that there is a place in the package for information on collaborative problem solving. By filling this void and creating a manual for parents on Collaborative Problem Solving it will help parents to have a better understanding of the program at the outset of treatment.

The information for the manual was based off Collaborative Problem Solving literature and empirical research. The style and format for the manual was created after reviewing manuals based on various topics of any genre. Day treatment staff were given multiple opportunities to give input before the creation of the manual. After its creation they were given the opportunity to review the manual one last time.

A strength of this manual was the ability to collaborate with the day treatment staff to create a manual that would be useful to their organization in the future. A limitation of this thesis was feedback. There was no opportunity to receive feedback from readers and improve the manual.
CPS Manual

based on the results. This could also be seen as an ethical challenge. To create a manual with no reader feedback may leave parents with a manual that is not helpful and therefore does not do justice to the day treatment program or the parents.

At a client level a challenge of creating this manual was creating something that would be readable at an appropriate reading level and still convey the important empirical information. At an agency level it was difficult to create something that would be short enough to not be overwhelming while still covering all of the relevant information as determined in collaboration with the agency. A societal challenge of creating this manual was to create something that would be relevant to this treatment and helpful to families that are currently a part of the program as well as parents in the future.

An implication of the manual at a Behavioural Psychology Program level would be the research into the Collaborative Problem Solving method. This is something not thoroughly covered in the program. This thesis and manual will leave an opportunity for future graduates to further this research. Implications at the Crossroads-McHugh day treatment program level are that the program will be able to encourage parent participants to further assist their clients. At a societal level this parent manual will hopefully encourage parents to participate in their children’s lives in all aspects. This will hopefully spread to more parents who will participate in their own child’s treatment and lives. It is recommended in future research to look at the implementation of the manual. The manual may be further researched to ensure that the content fulfils the questions of the parents and gives them a thorough basis of understanding of the CPS method. This may be done by completing an interview on the content of the manual.
CPS Manual

This project is important in the context of the current CPS literature because this is currently a gap in the literature. This manual is important because it is helping to foster the use of the CPS method within the day treatment setting.

Anticipated challenges or limitations of practical application for the use of this manual are that the manual may not be administered in the same manner by each staff member when they are completing an intake meeting. It is recommended that the staff member draw attention to the manual and encourage parents to read it. It is also hoped that the colour of the manual will draw parent’s attention, for this to remain helpful staff members will have to continue to reproduce the manual in colour.
References


CPS Manual


Appendices

Appendix A - Consent for Use of Logo

Consent for Use of Agency Logo

I, Kennedy Williams, consent to the use of the logo of Crossroads Children’s Centre in Shannon Buch’s applied thesis and poster for the Bachelor of Applied Arts in Behavioural Psychology program at St. Lawrence College.

Agency Staff Signature: [Signature]

Kennedy Williams

Printed Name

Feb 3, 2014

Date

Student Signature: [Signature]

Shannon Buch

Printed Name

Feb 3, 2014

Date
Appendix B - Consent for Use of Agency Name

Consent for Use of Agency Name

I, Kennedy Williams, consent to the use of the name of Crossroads Children’s Centre in Shannon Buch’s applied thesis for the Bachelor of Applied Arts in Behavioural Psychology program at St. Lawrence College.

[Signatures]

K. Williams  
Agency Staff Signature  
Kennedy Williams  
Printed Name  
Feb 3, 2014  
Date

Shannon Buch  
Student Signature  
Shannon Buch  
Printed Name  
Feb 3, 2014  
Date
Our Core Values

1. Children have access to an array of services to best meet their needs.
2. Services are individualized.
3. Services are received within the least restrictive environment.
4. Families are included as full participants.
5. Services are integrated, collaborative and coordinated.
6. Assistance is provided to ensure service coordination and system navigation.
7. Crossroads promotes early identification and intervention.
8. Children are supported to achieve a smooth transition between services.
9. Children receive services regardless of race, religion, national origin, sex, physical disability, or other characteristics.
10. We recognize the value of teaching, research, and evaluation in improving the outcomes for children and families and are committed to evidence based informed practices.

Exploring Collaborative Problem Solving.

Crossroads-McHugh Education Centre uses Collaborative Problem Solving (CPS), the treatment model created by Dr Ross Greene from the Department of Psychiatry at Harvard Medical School. Collaborative Problem Solving can help resolve disagreements and stop potentially problematic situations to decrease the likelihood of behavioural outbursts.

Who It Helps

Collaborative Problem Solving is helpful for treating children described as aggressive, angry, raging, resistant, and noncompliant as well as children with diagnoses of oppositional defiant disorder (ODD), conduct disorder (CD), and intermittent explosive disorder.

In the Classroom

Collaborative Problem Solving can help engage students in their treatment with their full meaningful input. The Crossroads-McHugh Education Centre’s goal is to help the child develop the skills necessary to function successfully in a school classroom and create a home/school environment that will maintain the therapeutic gains made long after discharge.

How We Work With You

Parents generally find that to have a better understanding of the treatment method makes it easier for parents and teachers to have those difficult conversations about students challenging behaviour.

Collaborative Problem Solving dramatically improves the relationship between staff, students, and parents by ensuring students can feel their concerns are heard and addressed.
What are Lagging Skills?

Executive Skills
Working memory, organization, planning, shifting mind set

Language Processing Skills
Expression of thoughts, emotions, needs or concerns

Emotion Regulation Skills
Difficulty staying calm enough to think rationally when frustrated

Cognitive Flexibility Skills
Need for predictability, routins and a strong black-and-white mindset

Social Skills
Poor ability to read social cues, lack of ability to seek attention in appropriate ways, lack of empathy and inaccurate self-perception

What is Collaborative Problem Solving?

Collaborative Problem Solving is different from other approaches because it does not believe children do well if they want to. This means that it does not believe that kids have the tools for success and are simply not motivated to apply them. For example a token economy – if you finish your homework you can have this chocolate bar. Token economies or consequence based programs only achieve two goals: they teach kids basic lessons in right and wrong ways to behave, and they give kids incentive to behave the right way.

Children’s difficulties do not come from poor motivation but rather a lagging skill, programs based on rewarding and punishing are unlikely to achieve results because they do not train new skills.

This treatment method believes that children will do better if they can and that behind every difficult behaviour is a lagging skill or unsolved problem. It is the Collaborative Problem Solving belief that no child wants a set of rules to do poorly.

Collaborative Problem Solving helps adults look at the behavioural problems from the child’s perspective and how lagging skills provide triggers for problematic situations.

Diagnoses often distract from the true factors leading to challenging behaviours. Behind every challenging behaviour is a lagging skill and a demand for that skill.

These lagging skills are essentially areas that need improvement to allow the child to do better in the situations that call for these skills.

For example improving math skills will improve behaviour during math.

By focusing on the lagging skills and settings, the behavior becomes more predictable and more understandable.

Collaborative Problem Solving optimizes the chance of reaching a solution acceptable to both the children and their adult caregivers. This is because the student would do well if he had the skills since doing well is preferable.

How Do You Help Kids Overcome Their Lagging Skills?

Upon determining the lagging skills the method for approaching the problem is referred to as Plan B. To explain further the methods referred to as Plan A and Plan C are also explained.

“Behind every challenging behavior is an unsolved problem and a lagging skill”
PLAN A

This is the style in which complying with the adult's wishes are rewarded and not following adult wishes is punished. Plan A does not help resolve what is causing the child not to meet expectations and does not teach lagging skills. This is a unilateral problem solving method and will increase the chances of a challenging behaviour occurring. This method also does not allow for any input from the child. For a child to have someone else's expectations imposed on you requires skills to handle the challenges of that request.

Plan B

In the plan B method the adult lets go of lower priority expectations so the adult and the child are not overwhelmed.

Empathy Step

The first step is to relate with the child and reassure them that you understand why they are concerned. You can see why not being able to watch your favourite show might upset you.

Define the Problem Step

You then create a definition with the child to make sure that you both have a specific definition and thorough understanding of the concern.

During this step you will also introduce your concern into the conversation. You are upset because you wanted to watch your favorite show, rather than complete your homework.

Invitation Step

Lastly, you help the child brainstorm all their potential behavioural options or choices and encourage them to select the correct one, with the child you brainstorm options.

Okay, so you could watch the show without completing the homework but you may get a poor grade on your homework. Instead you could work on your homework which would probably only take you 20 minutes and then be done in time to watch the show.

PLAN C

Is a method where all unsolved problems are dropped at least for now, and expectations are lowered. Plan C is not the same as giving in; giving in is starting with plan A and then removing all the expectations.
Why Plan B

This allows the adult and child to work together toward a mutually satisfactory solution. Plan B teaches the lagging skills and reduces challenging behaviour. This allows the child to give meaningful input about their treatment and the current issue while getting a more thorough understanding of the parents aspect at the same time. The Plan B method encourages children to build the skills necessary to handle difficult situations and by doing that they are strengthening their lagging skills.

Classroom Information

Contact your child’s day treatment staff at any time for additional ways to support your child.

Classroom Phone Number: ____________________________

At the end of the day, the most overwhelming key to a child's success is the positive involvement of parents.

- Jane D. Hull