# Re-Thinking Challenging Behavior in the Classroom: The Collaborative Problem Solving Approach
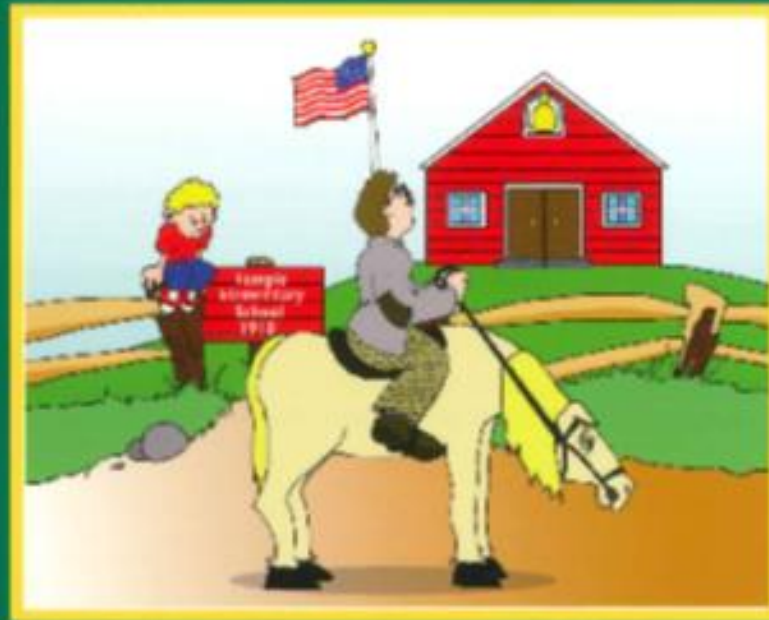
Presenter(s):

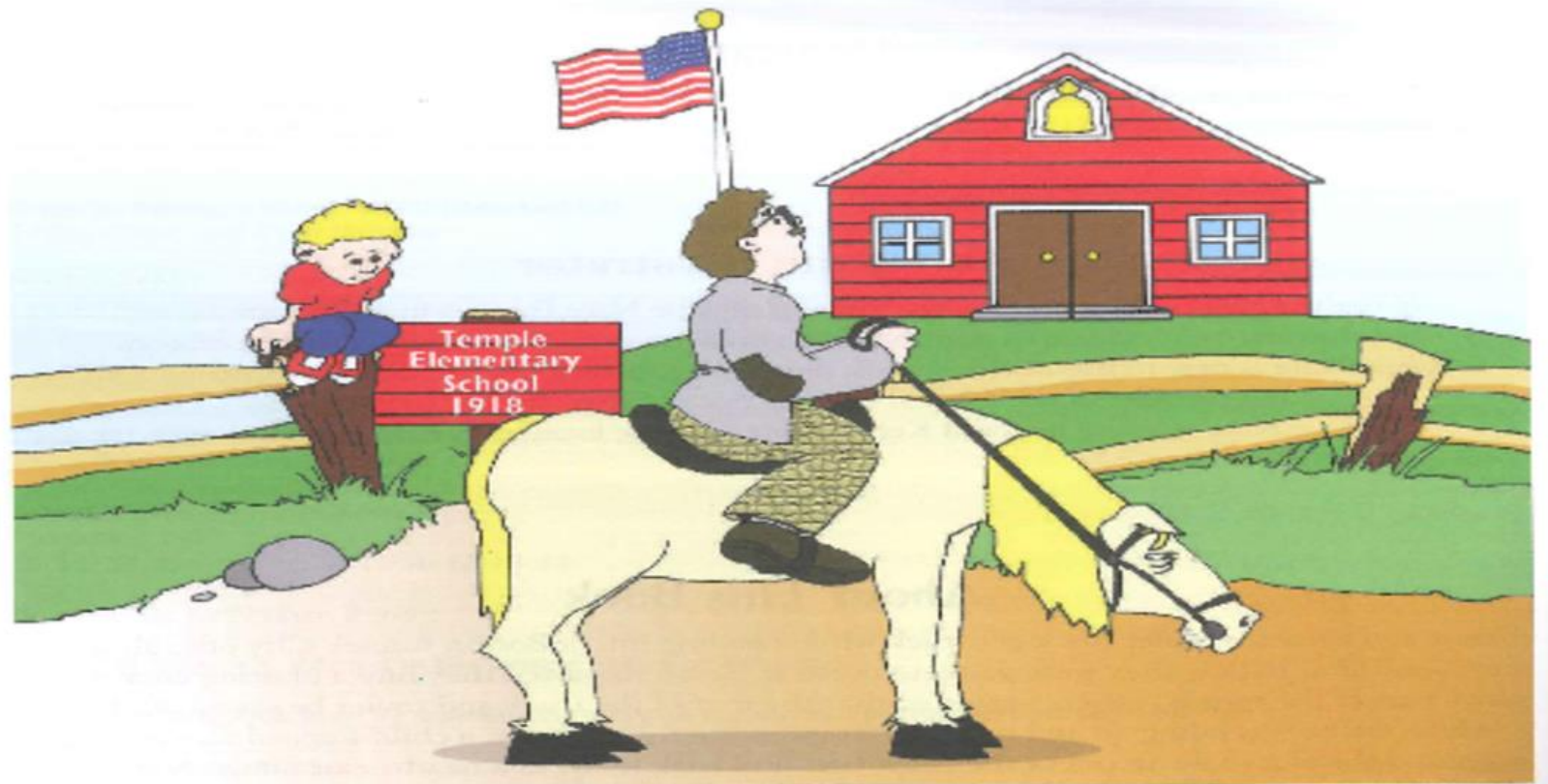*Randi Cooper, M.Ed., Behavior Consultant and Think:Kids Professional Certified Trainer*

*Jordan Spikes, Behavior Consultant and Think:Kids Professional Certified Trainer*

# If You're Riding a Horse and It Dies, Get Off



by Jim Grant and
Char Forsten

Illustrated by Nathan Bundy

Do you think a bigger whip would help?

Let's visit some schools that are successfully riding dead horses.
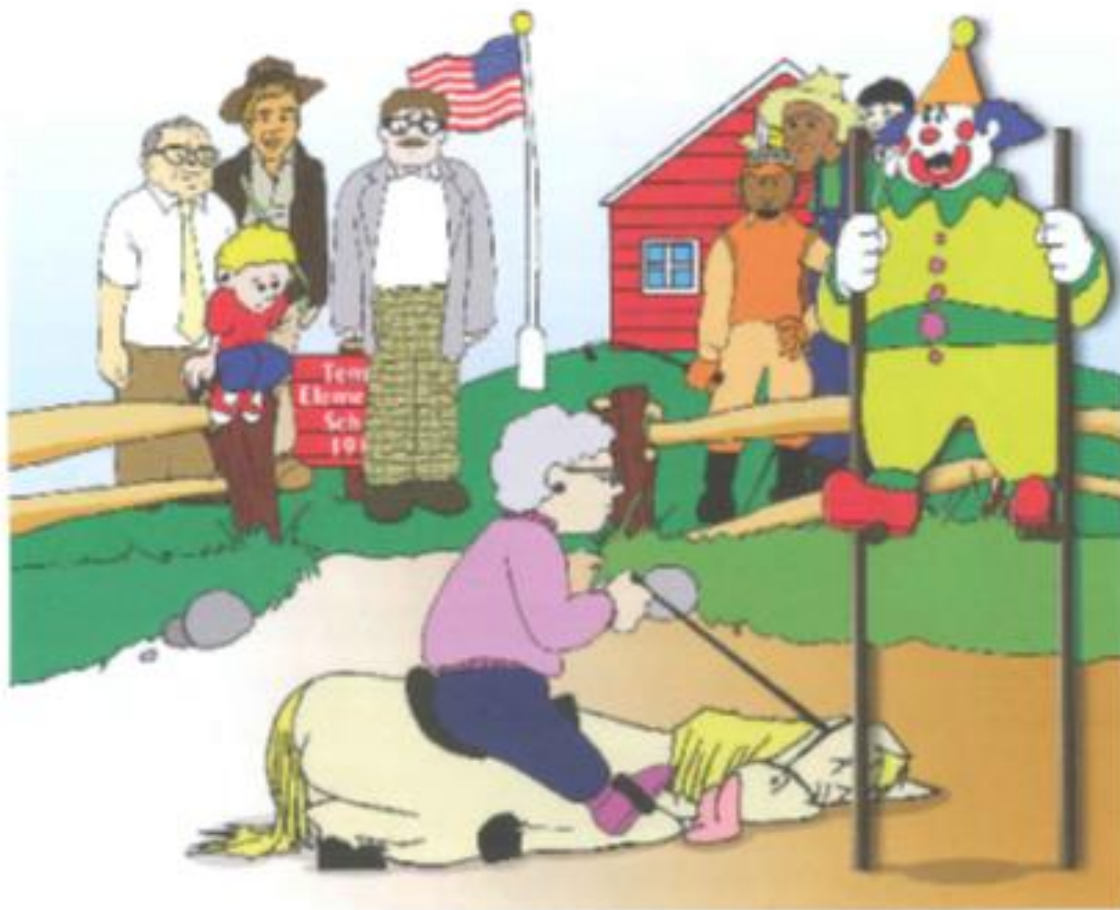
Has anyone thought of using
an electric prod?

Let's try a more experienced rider.

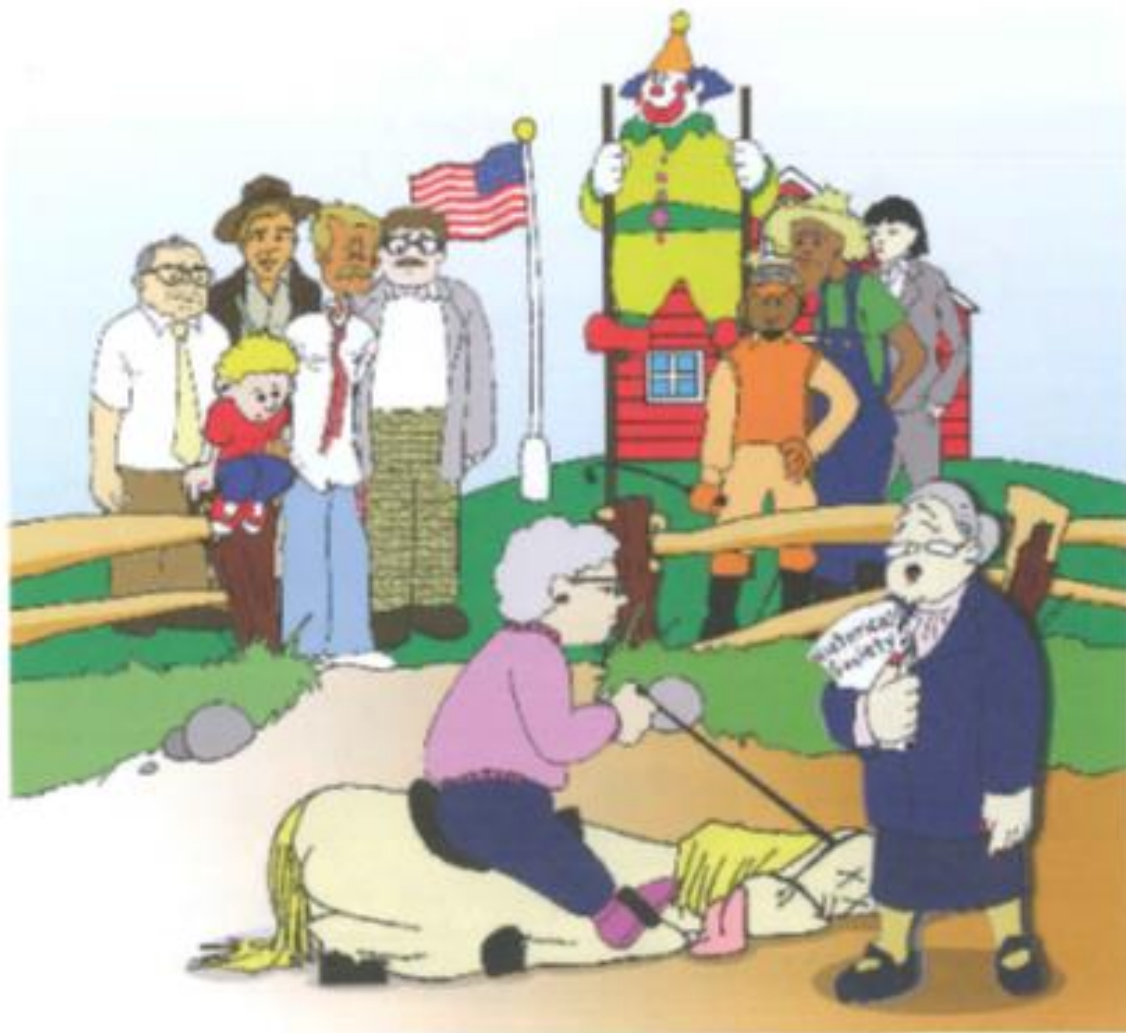Let's assemble a committee
to study dead horses.

I think we should raise the standards
for riding dead horses.

I think testing the horse would help.

I think we should evaluate the horse's reputation.

What about implementing an Individual Equestrian Plan (IEP)?
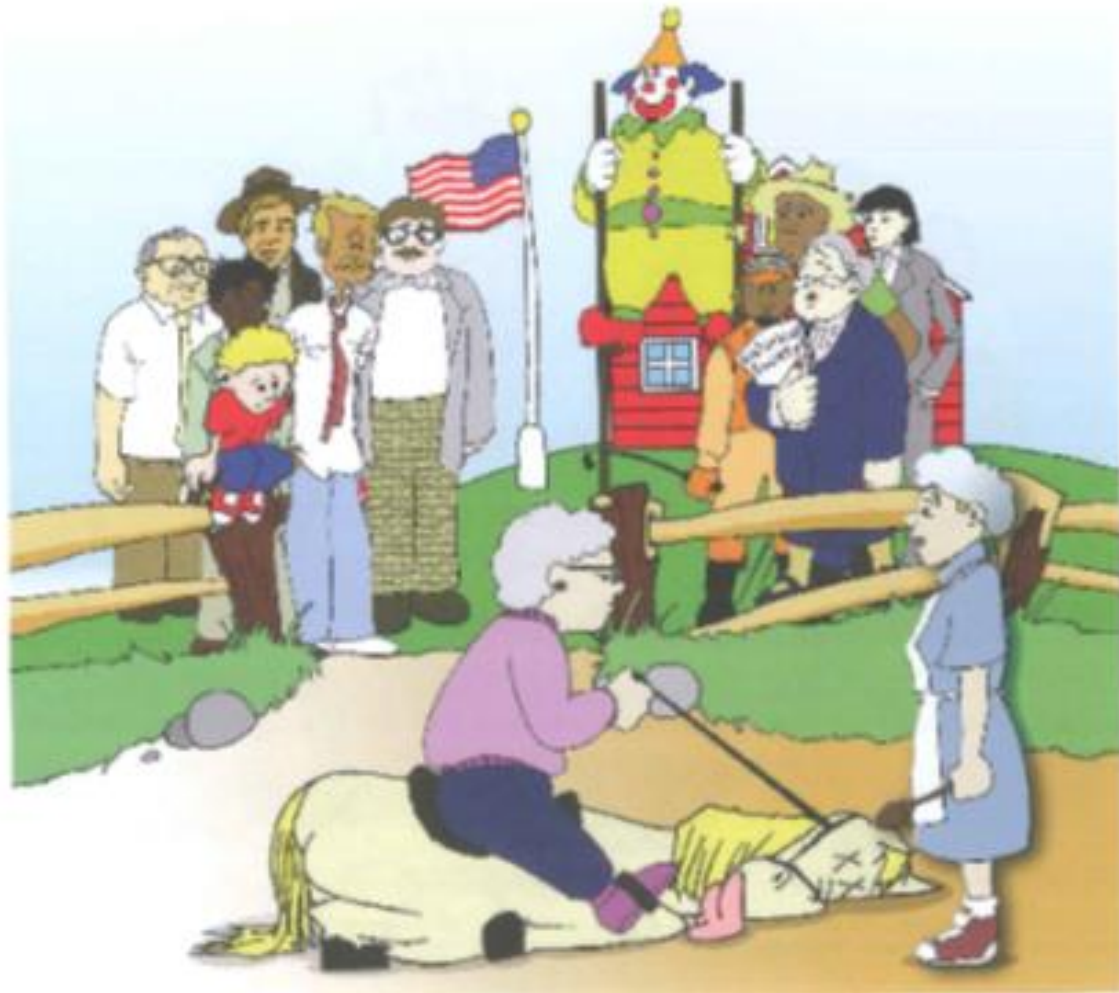
Why don't we try adding an additional saddle.

Let's try team riding.
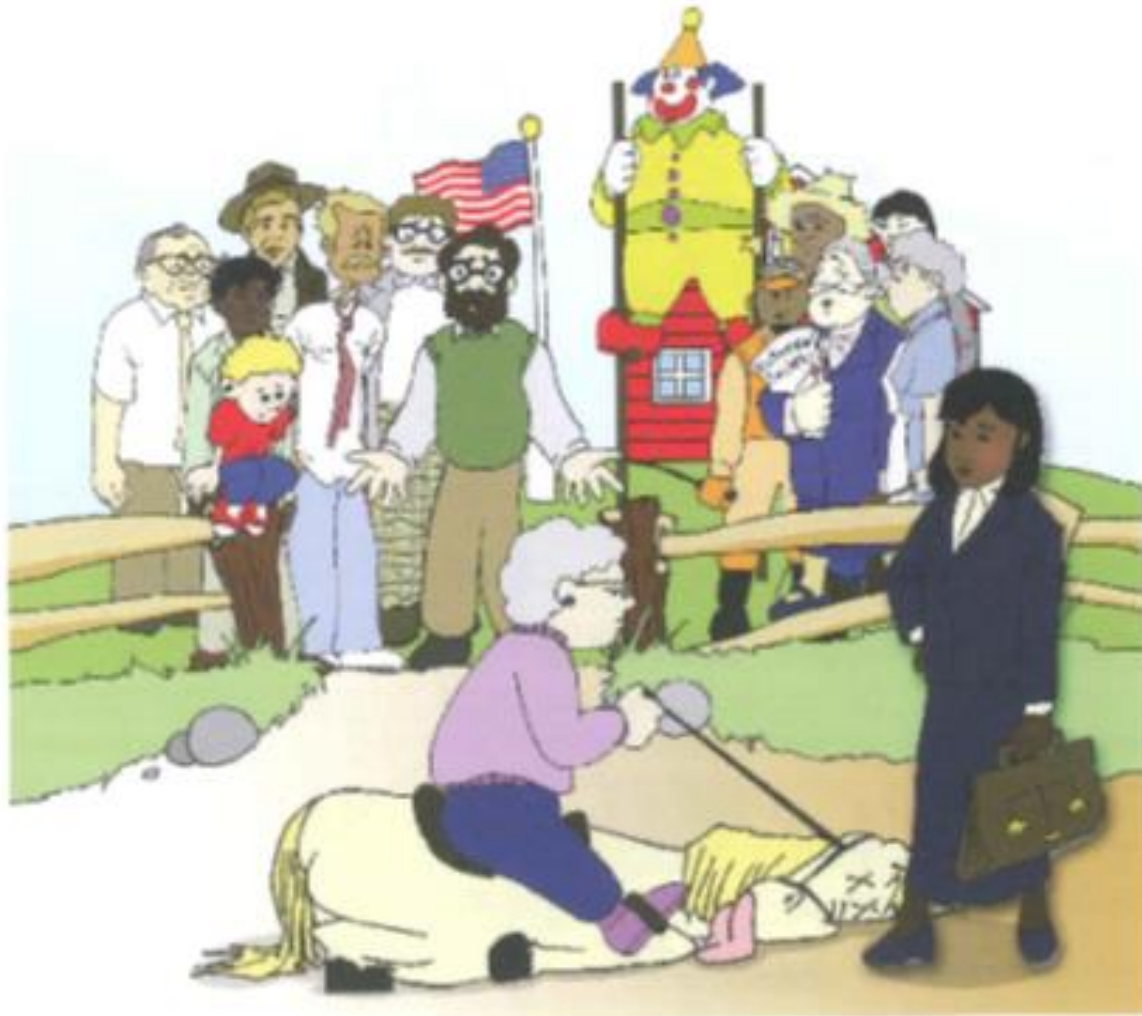
We will categorically deny there is
anything wrong with the horse.
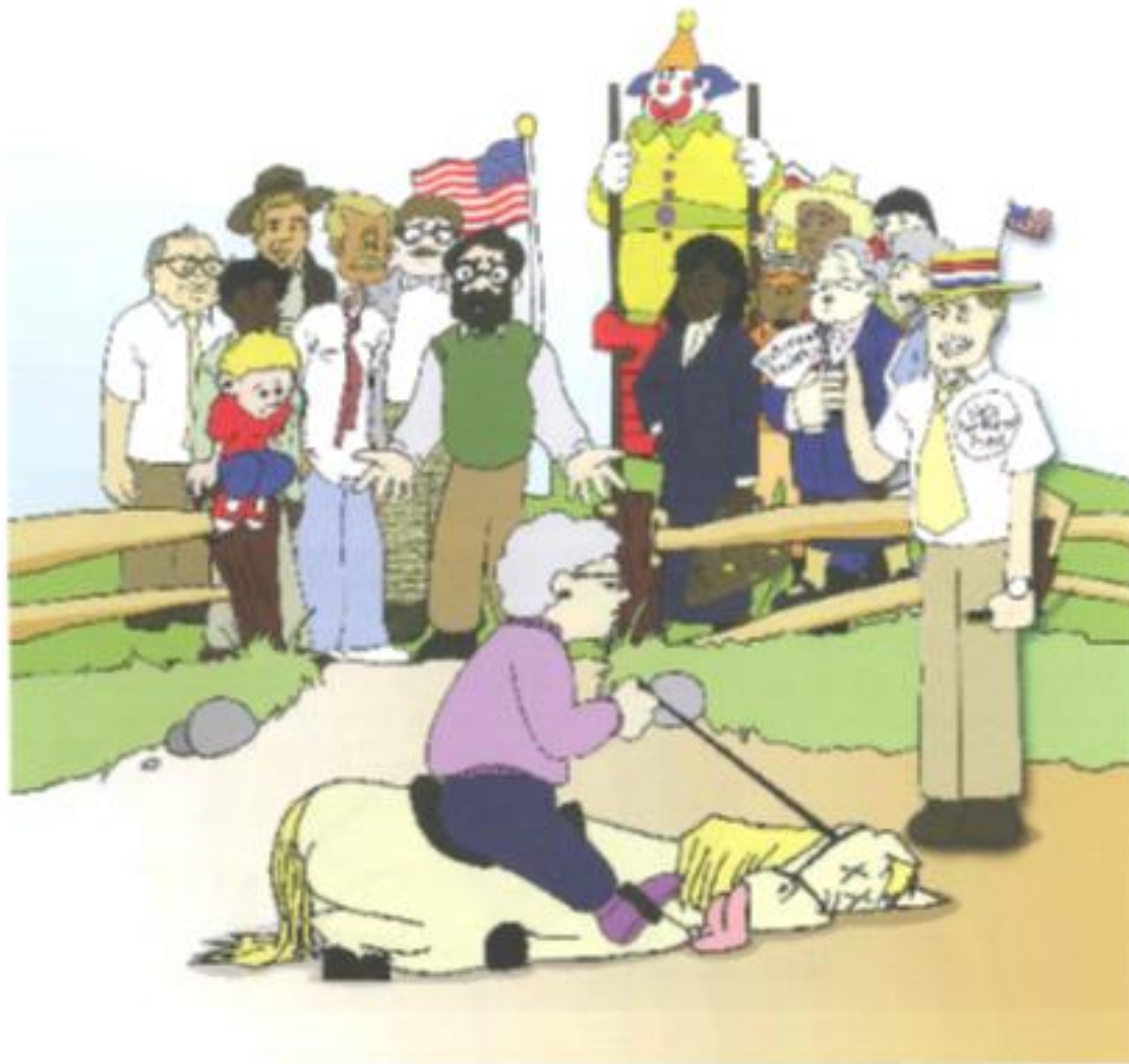
The basic problem is the horse's parents—poor breeding!

Let's try throwing more money at the problem.
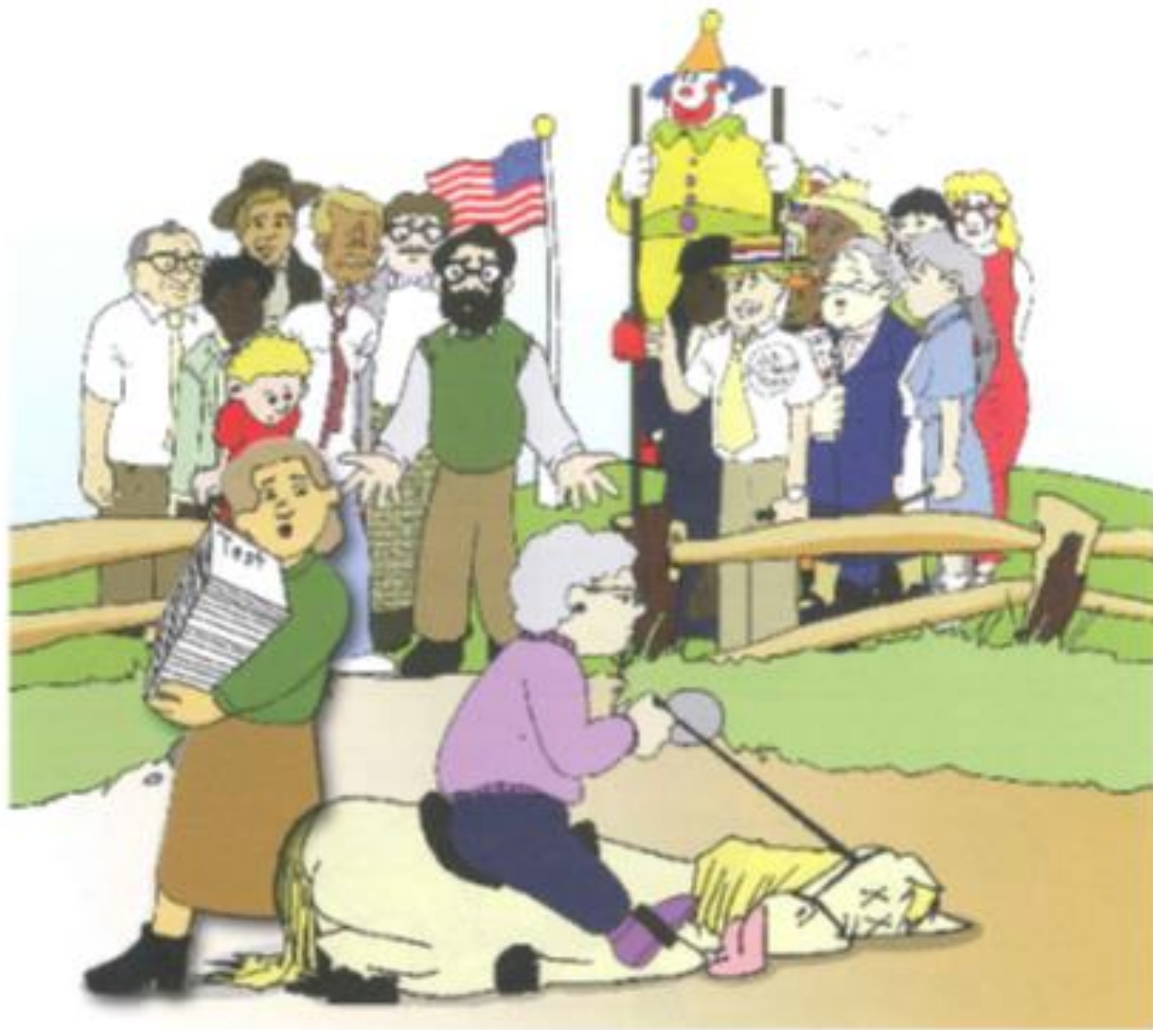
I think we should give the rider a competency test.
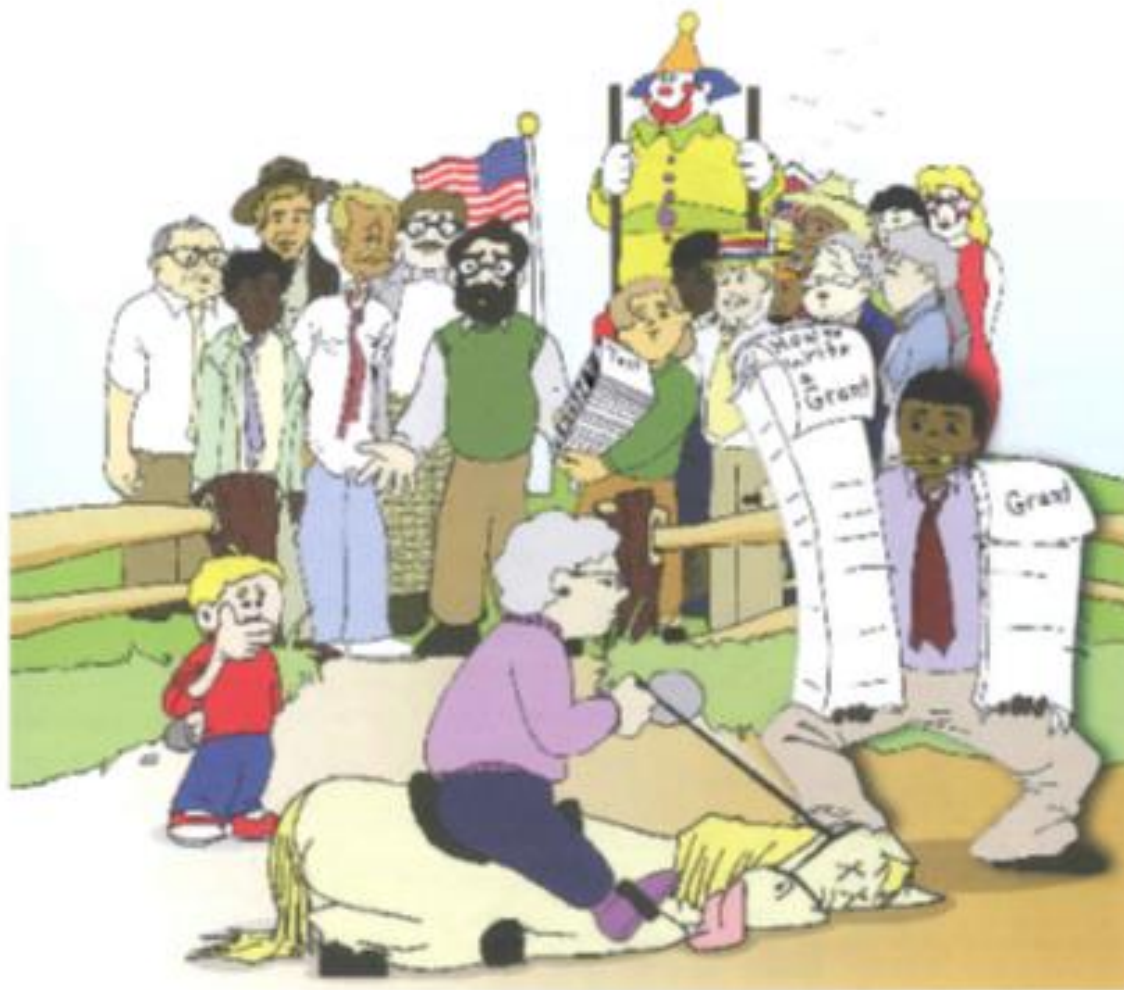
What I think is needed is
federal assistance.

I know what to do! If you're riding a horse and it dies, get off the horse . . .

and try something new.

# Mental Health

- 32.4 million children, 18 years and younger, live in low-income families
  - Oregon – 363,918 (2010)
- 16.1 million children, 18 years and younger, live in poor families
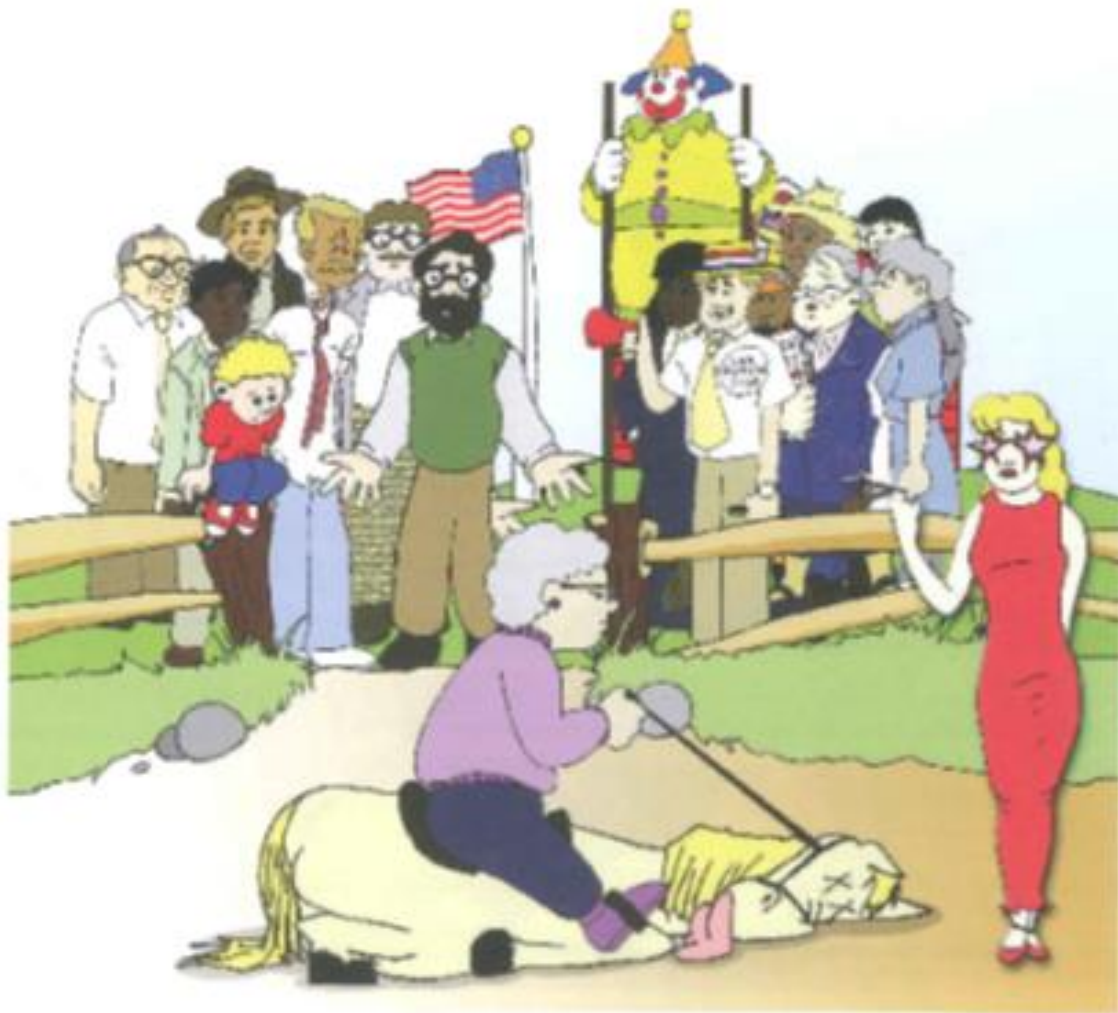  - Oregon – 160, 865 (2010)
- 21% of low-income children and youth aged 6-17 have mental health problems
- 50% of children and youth in the child welfare system have mental health problems
- 67%-70% of youth in the juvenile justice system have a diagnosable mental health disorder
- Preschool children face expulsion rates three times higher than children in K-12 due in part to lack of attention to social-emotional needs.
- Up to 44% of youth with mental health problems drop out of high school

www.nccp.org

# Oregon Students with ED, OHI, and ASD in 2011
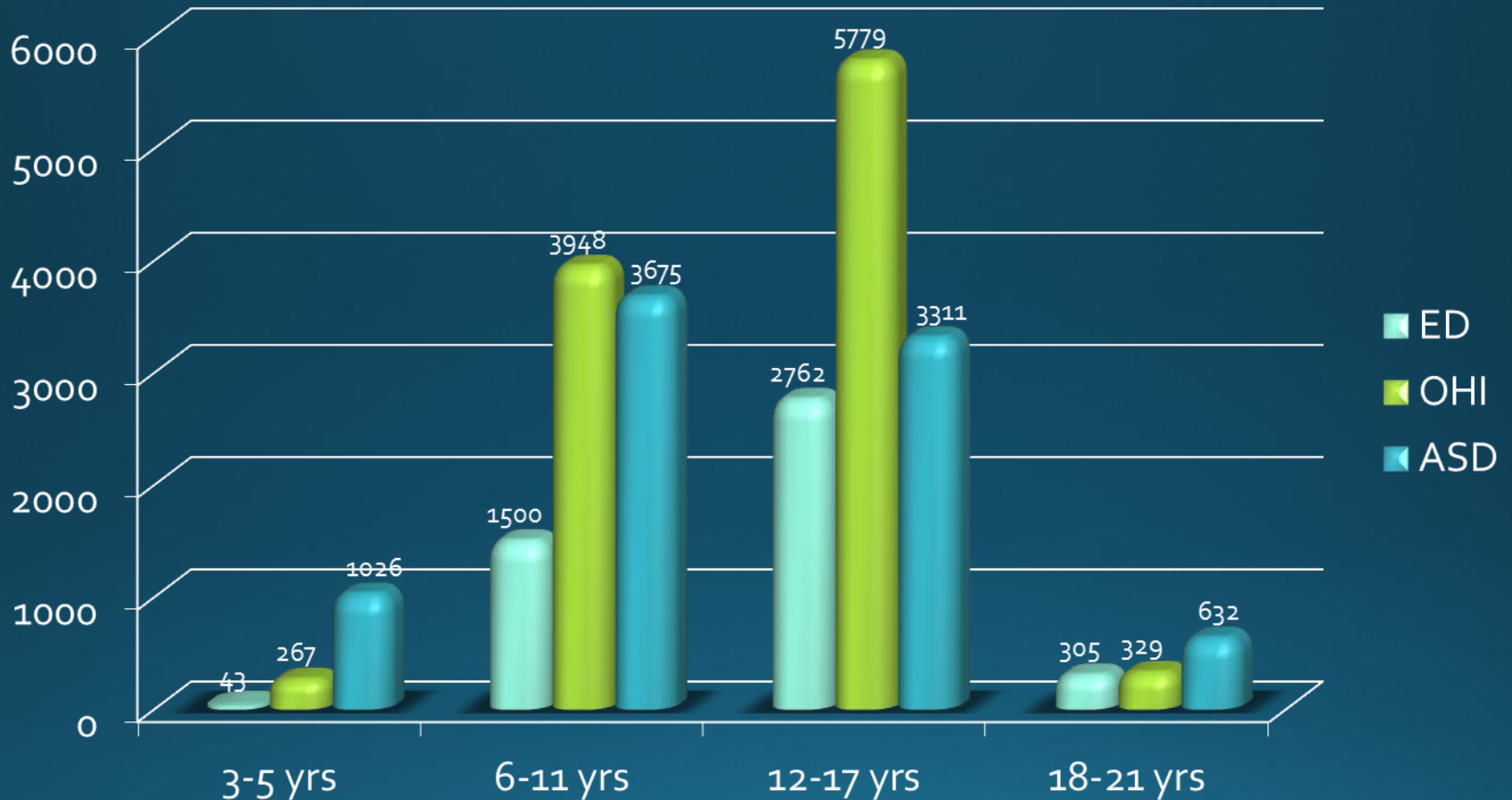


*Information from Oregon Department of Education website @ http://www.ode.state.or.us/search/page/?=3549

# Oregon Students with Disabilities Race/Ethnicity Ages 6-21



*Information from Oregon Department of Education website @ http://www.ode.state.or.us/search/page/?=3549
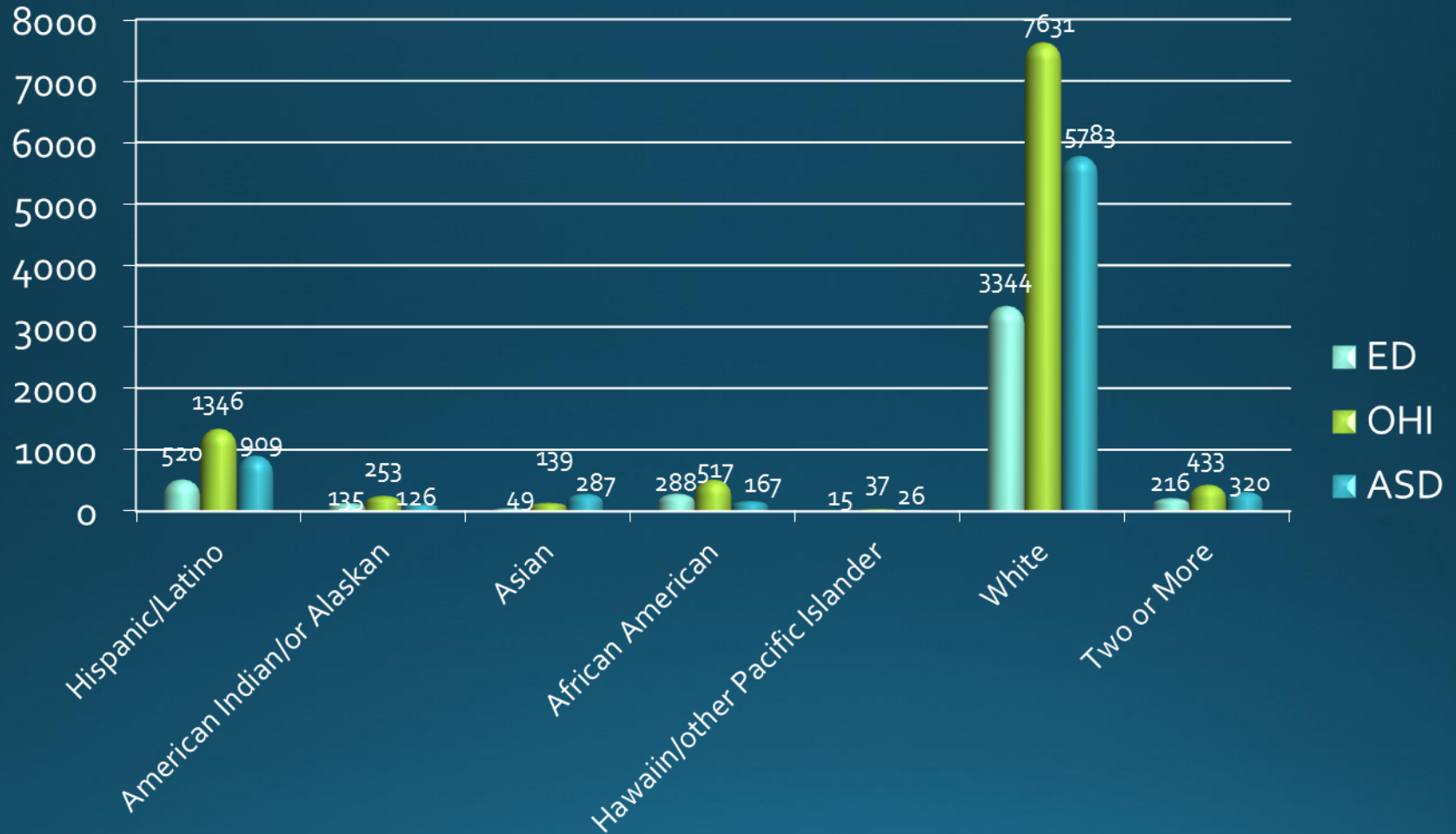
# 2010-2011 National Graduation Rate

➢ Three states rated lower than Oregon for students who graduated in 2011.

➢ Seven states rated lower than Oregon for children with disabilities that graduated in 2011.

### All Students
- Nevada 62%
- New Mexico 63%
- Georgia 67%
- Oregon and Alaska 68%

### Children w/Disabilities
- Nevada and Mississippi 23%
- Louisiana 29%
- Alabama and Georgia 30%
- South Carolina 39%
- Alaska 40%
- Oregon 42%

http://www.ed.gov/news/press-releases/states-report-new-high-school-graduation-rates-using-more-accurate-common-measur

# 2011-2012
# Exiting Information for Children with Disabilities Ages 14-21



*Information from Oregon Department of Education website @ http://www.ode.state.or.us/search/page/?=3549
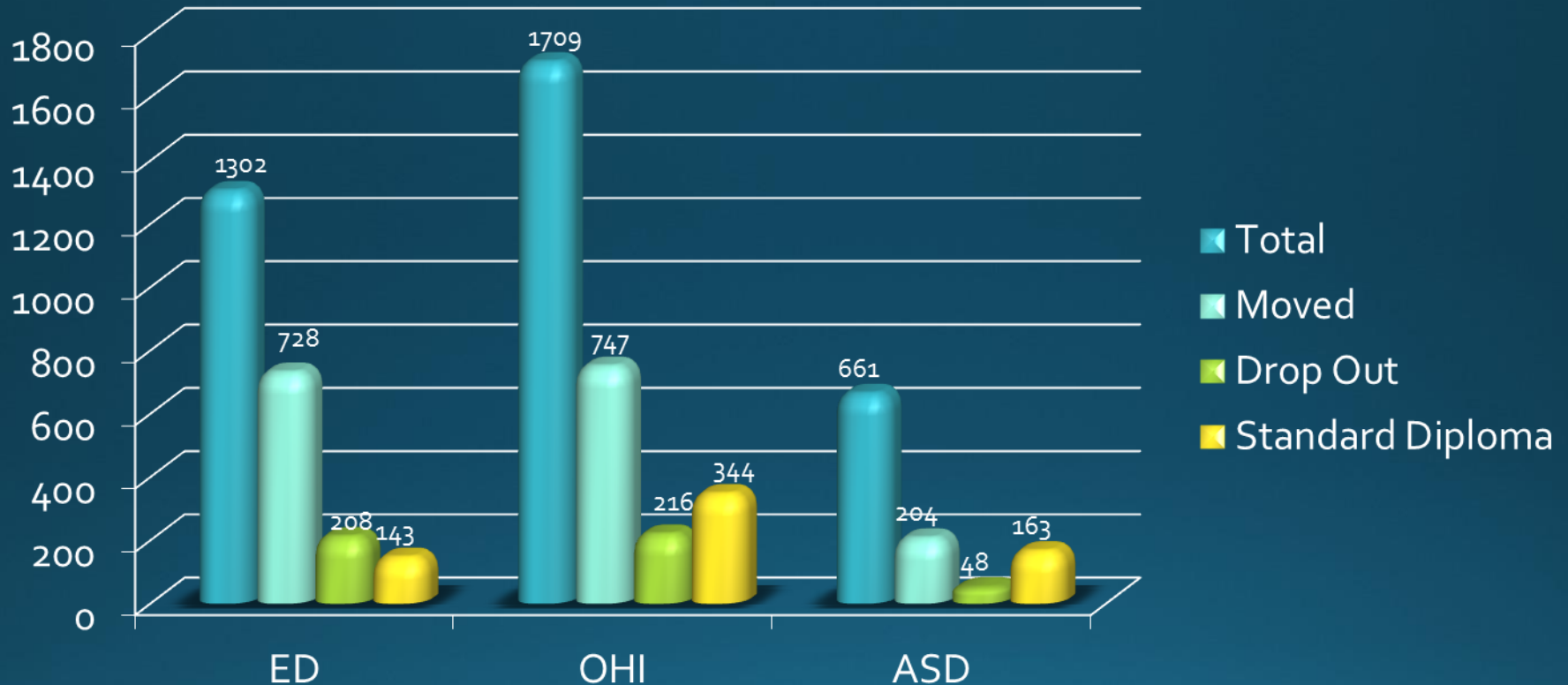
# Suicide

- More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza and chronic lung disease combined.

- Nationally, suicide is the third leading cause of death in youth ages 15 to 24[1] .

- In Oregon, suicide was the second leading cause of death among youth 10-24[2] .

- Oregon's 2010 suicide rate is 35% above the national average.

1 http://www.nami.org/Template.cfm?Section=federal_and_state_policy_legislation&template=/ContentManagement/ContentDisplay.cfm&ContentID=43804
2 http://www.aacap.org/cs/occap

# Oregon Students with Disabilities Disciplinary/Removal 2011-2012 Data



*Information from Oregon Department of Education website @ http://www.ode.state.or.us/search/page/?=3549
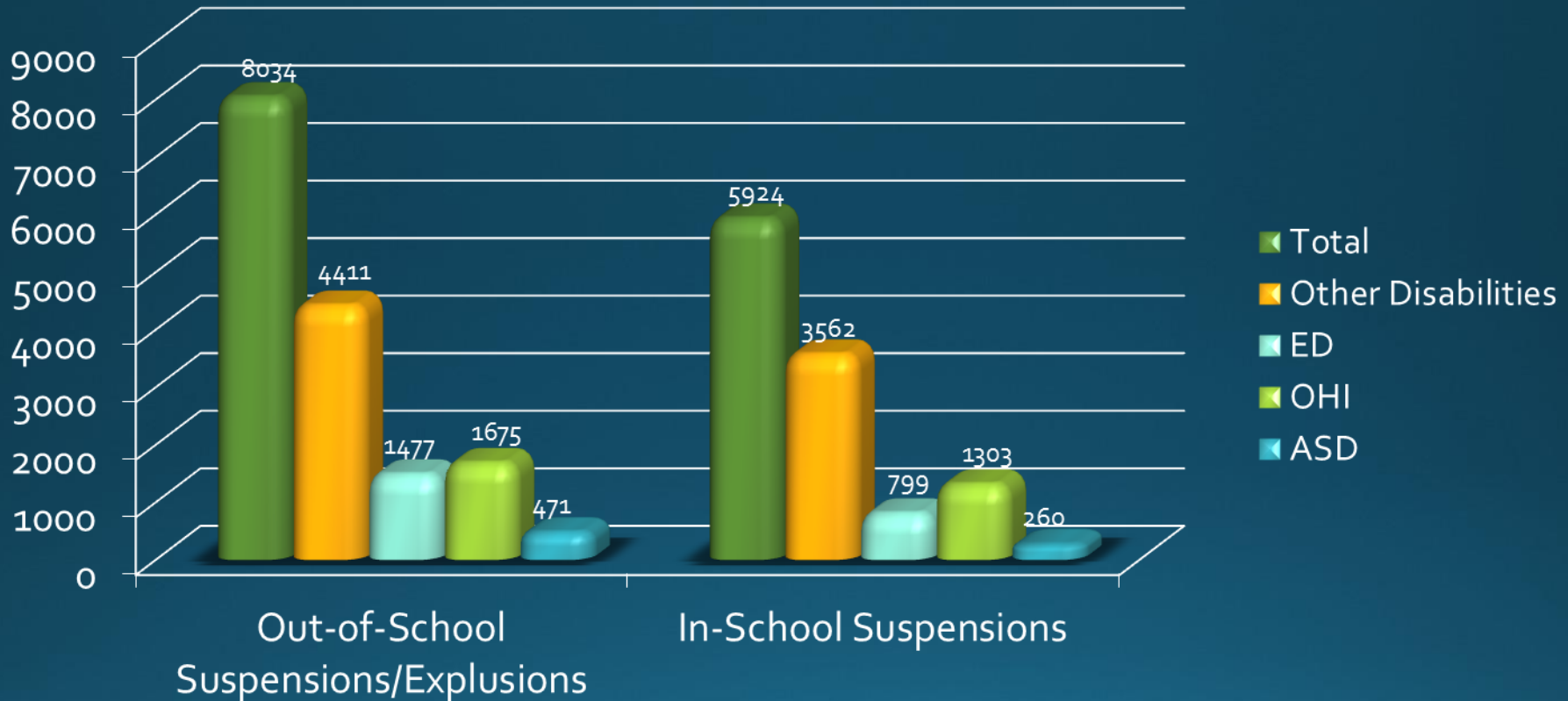
# Oregon Disciplinary/Removal By Race/Ethnicity
## 2011-2012



*Information from Oregon Department of Education website @ http://www.ode.state.or.us/search/page/?=3549
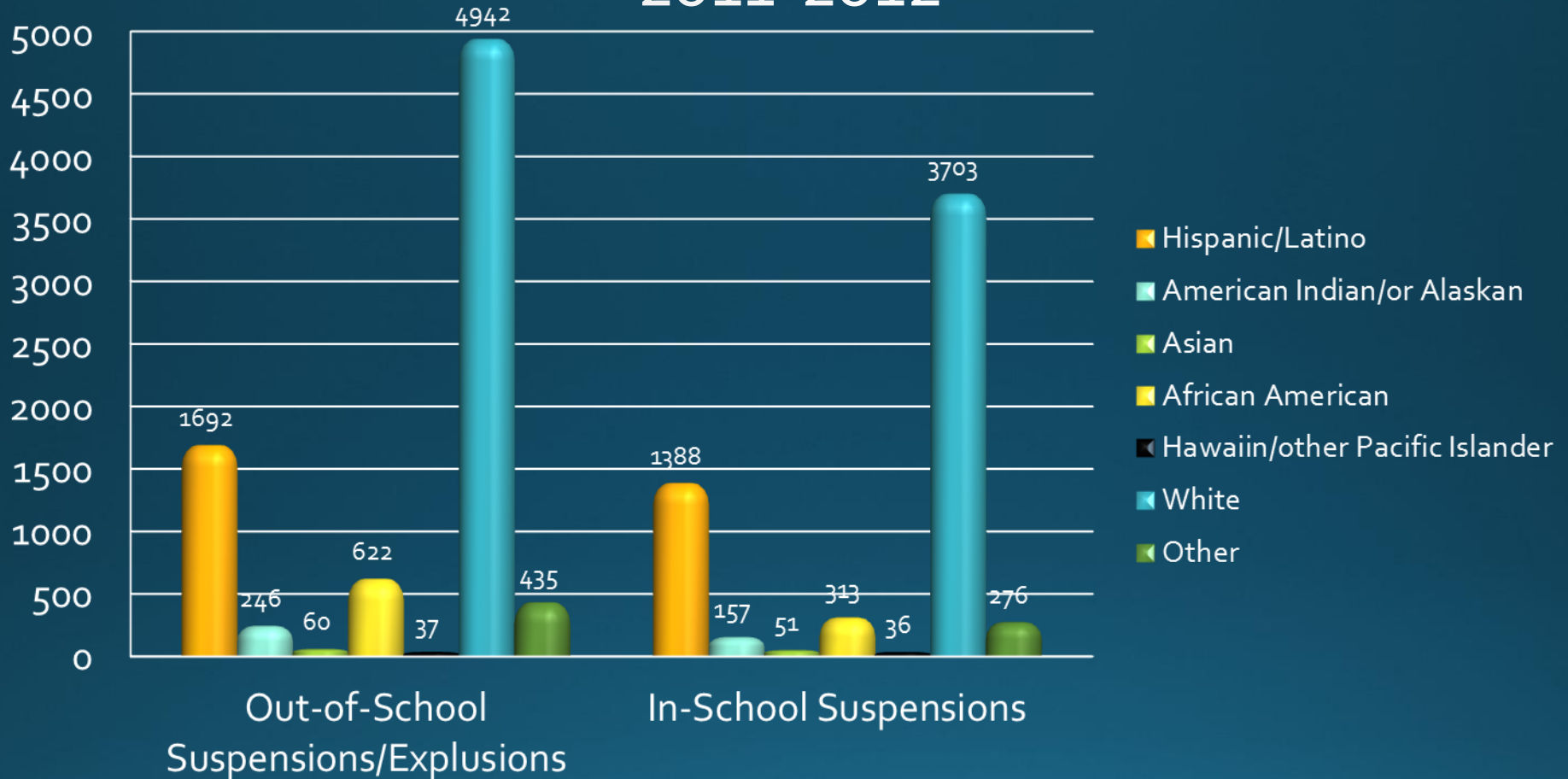
# Which students are we talking about?

- Students with challenging external and internalizing behaviors including ( but not limited to): Anxiety; Post Traumatic Stress Disorder; Attention Deficit Hyperactivity Disorder; etc.
- Students with multiple restraints and seclusions
- Students with multiple suspensions and expulsions
- Students who are dropping out of schools
- Students who are attempting suicide
- Students who are in or at risk of entering the correctional system

# Why do we need to re-think challenging behavior?

- Brain research confirms that students who demonstrate challenging behavior have **SKILL** deficits in the following areas:

  - Problem Solving
  - Flexibility
  - Emotional and Self-Regulation (staying calm)

# Parenting, Teaching & Treating Challenging Kids

Think:Kids

RETHINKING CHALLENGING KIDS

MASSACHUSETTS GENERAL HOSPITAL

# The Philosophy

Kids do well if they can...
if they can't we need to figure out
why so we can help

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# Unconventional Wisdom:
# It's a Learning Disability

Research in neurosciences has shown that challenging kids are delayed in the development of crucial cognitive (thinking) skills -- in areas like flexibility/adaptability, frustration tolerance, and problem-solving -- or have significant difficulty applying these skills when they are most needed.

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# Conventional Wisdom

Because of passive, permissive, inconsistent parenting, kids learn that their challenging behavior is effective at getting something (e.g., attention) or escaping or avoiding something (e.g., work).

# Definition of Challenging Behavior

- Lagging skills alone do not cause challenging behavior
- Rather, challenging behavior -- including explosions, implosions and everything else in between -- occurs *when a demand placed upon someone requires skills to handle the demand in an adaptive manner that person does not fully possess*
- It takes two to tango: the pairing of *a skills deficit* and a *trigger/expectation* that those skills would be required to handle

# Mantra

Behind most challenging behavior is some kind of trigger/ unmet expectation and some kind of skills deficit.

# Approach Ingredients

1.  **Answer the question, "What thinking skill deficits and triggers/ unmet expectations are setting the stage for the challenging behavior?"**

2.  Know your options for responding to triggers/ unmet expectations and what each option accomplishes

3.  Successfully execute Plan B

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# Research on Skills Deficits

**Challenging behavior is linked with deficits in the following areas of neuro-cognitive skill:**

- Language and communication skills
- Attention and working memory skills
- Emotion and self-regulation skills
- Cognitive flexibility skills
- Social thinking skills

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# Assessment: Triggers / Unmet Expectations

Challenging behavior does not occur out of the blue.

- First goal of assessment is a *situational analysis*: identify the situations in which the child tends to have the most difficulty

- Also known as: precipitants, antecedents, contexts, demands, unmet expectations, setting events, triggers, issues

# Treatment Ingredients

1. Answer the question, "What thinking skills deficits and triggers/ unmet expectations are setting the stage for maladaptive behavior?"

2. **Know your options for responding to triggers/ unmet expectations and what each option accomplishes (or doesn't!)**

3. Successfully execute Plan B

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# Three Plans
(Your Options for responding to Triggers/ Unmet Expectations)

**Plan A:** **Impose adult will**

**Plan B:** **Solve the problem collaboratively**

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

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# Goals Achieved by the Three Plans

| GOALS | PLAN A | PLAN C | PLAN B |
|---|---|---|---|
| Try to get your expectation met | X | | X |
| Reduce challenging behavior | | X | X |
| Build helping relationship | | | X |
| Teach skills | | | X |
| Solve problem | | | X |

# Plan B Timing

## EMERGENCY B

Takes place in the midst of challenging behavior occurring (yet again); can be useful for solving problems, but more useful for crisis management/de-escalation

## PROACTIVE B

Takes place well before challenging behavior recurs (crisis prevention); gives you time to plan and think; more likely to understand and solve problems

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# Plan B Ingredients

1. **EMPATHIZE: Clarify Child concern**
2. **SHARE adult concern**
3. **COLLABORATE: Brainstorm, assess, then choose a solution**

# Plan B Ingredients



1: clarify the child's concern

2: share adult's concern

Clarifying questions

Educated guessing

Reflective listening

Reassurance

3: brainstorm, assess, choose

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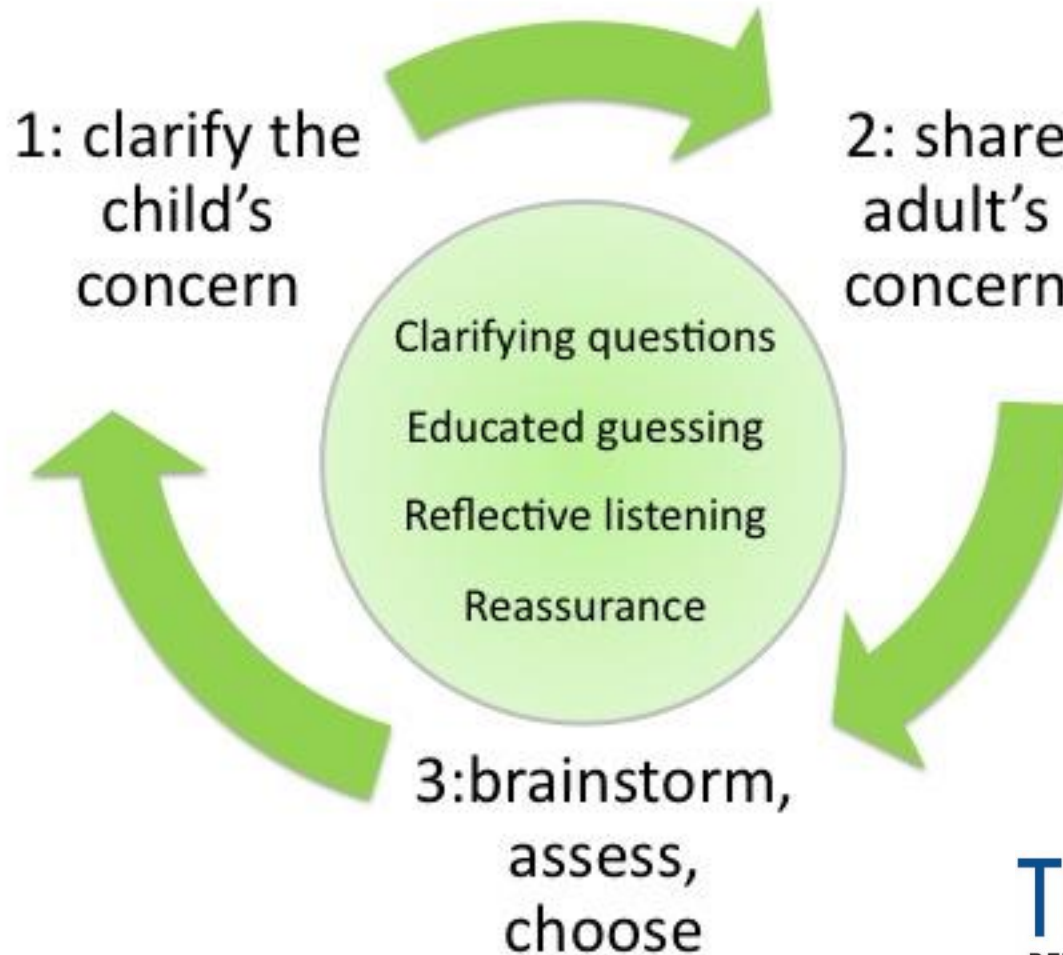
# Skills Taught while Solving Problems using Plan B

**Problem solving is skills training!**

- **Many skills are taught implicitly (indirectly) through the problem solving process using Plan B.**
  - *Empathy* **trains identifying, clarifying and expressing concerns, separating affect**
  - *Share Adult Concern* **trains taking another's perspective, recognizing impact on others and how one comes across, empathy**
  - *Collaborating/ Brainstorming* **trains generation of solutions, anticipating and considering likely outcomes, moving off of original idea**

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# Problem solving is skills training!

**The entire proactive process of Plan B trains organized, reflective, flexible thinking and problem solving**

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# Active Ingredients

**Challenging behavior is reduced by:**

- Achieving a clear understanding of a kid's skills deficits so as to promote more compassionate views and interactions
- Decreasing use of Plan A
- Increasing use of Plan C
- Attempting Plan B to solve problems and teach skills

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# Plan B Preparation

- Since Plan B should be proactive you can plan ahead using the Plan B Worksheet

Ask the following questions:

- **Which trigger or unmet expectation is the focus?**
- **Who is doing it?**
- **When?**
- **Where?**
- **While doing what?**
- **Why (what are our concerns)?**
- **How will you get started?**

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# A Helping Relationship

- Regardless of therapeutic modality, the best predictor of success in helping people change is the **relationship** between helper and helpee
- Helping is messy and takes time
- Helping is a *working alliance*, a two-way *collaborative process*, a two-person *team effort*
- Helping is not something you do *to* kids; rather, it is a process that adults and kids work through *together*

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# Implementing in Schools
# Critical Systemic Needs

- You are going to need an open mind
  - Current disciplinary practices do not work for the 10 percent of students whom they are applied (and aren't needed for the 90 percent of students to whom they are never applied).
  - Kids are misunderstood into the juvenile justice system.
  - "Differentiated discipline" is no different than "differentiated instruction.
  - Doing the right thing always takes less time than the alternative.

# PBIS Commonalities

- Neither are techniques or curricula; both are processes.
- Neither are stand-alone practices; both need to be integrated into normal school activities
- Both are evidence-based, school-wide, systems approaches with proactive forms.
- Both emphasize common purpose and language; a process of self-examination that should be initiated internally.
- Both view zero tolerance policies and punitive interventions as counter-productive.
- Both require strong, supportive leadership, extensive training and ongoing coaching of key personnel, good communication structures and a long term commitment (3-5 years).

# PBIS Differences

- PBIS assumes the function (purpose/motivation) of challenging behavior is getting or avoiding attention, certain activities, objects, etc.

- Our approach assumes skill deficits are the reason for the challenging behavior.

- PBIS assigns corrective consequences (loss of recess or other privileges, office referrals, detention, suspension) based on the presumed function of the behavior and asks students to sign follow-up agreements explaining what they will do differently next time.

- With PBIS, adults are the problem solvers.

- With our approach, adults solve problems together with students to reduce challenging behavior.

# PBIS Integration

- PBIS helps teach behavioral expectations and helps identify the 1-15% of students (top of the triangle) who do not respond to the general school-wide interventions and require more individualized and specialized intervention.

- These students consume a disproportionate amount of school resources and detract from the learning of other students.

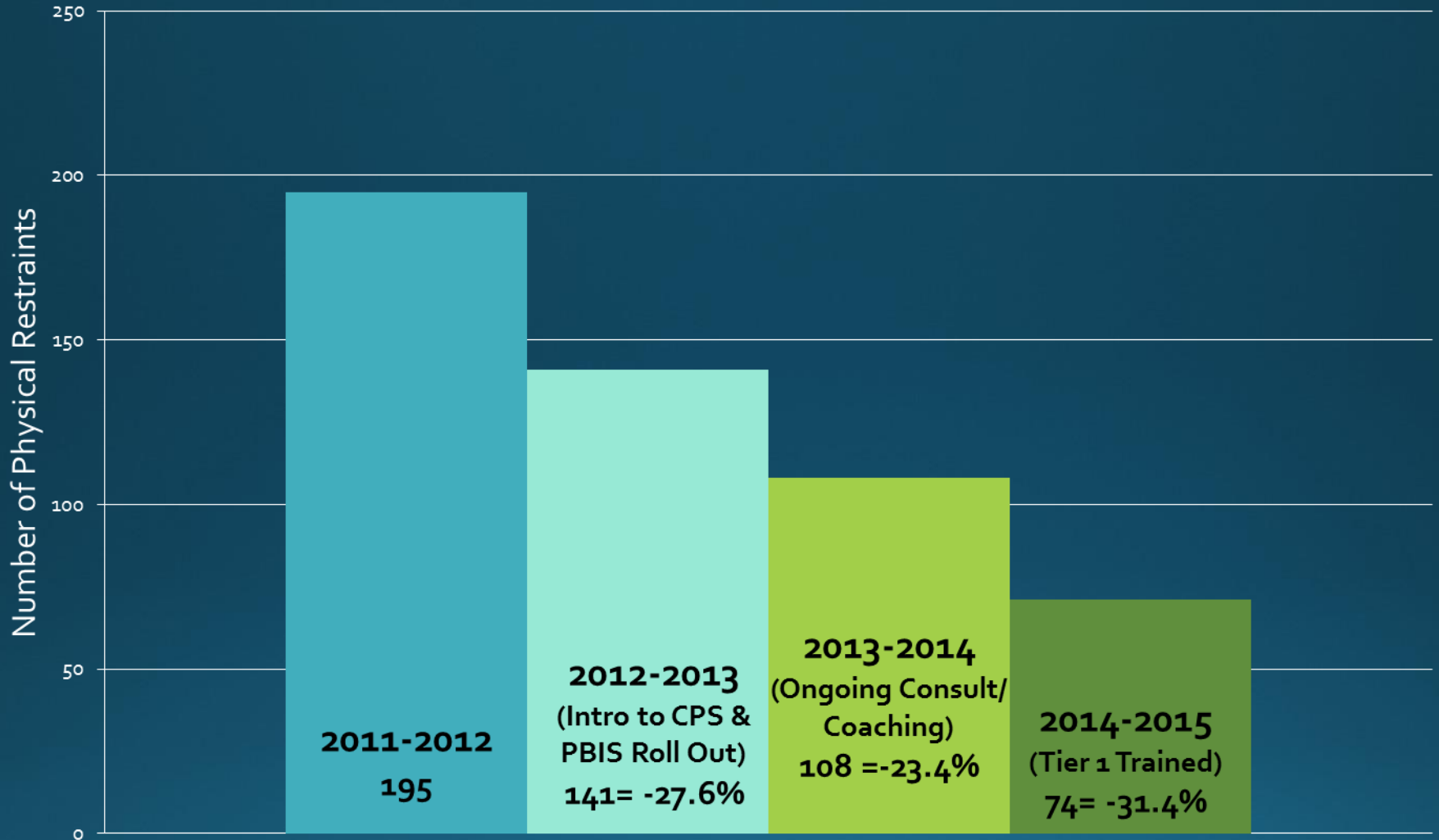- Our approach represents an ideal intervention for these high-risk, high- needs students.

# No Excuses: Actions You Can Take NOW

- Referrals
- FBA/BSP/BIP
- IEP
- Identifying Cultural Leaders

# Things to do SOON

- Training

- Implementation of CPS Language in Systems

- Follow up Consultation/Coaching

- Using data to measure results
    - TK-COT
    - Staff Stress

# PACE Program- Forest Grove, OR

Number of Physical Restraints

250

200

150

100

50

0

2011-2012
195

2012-2013
(Intro to CPS &
PBIS Roll Out)
141= -27.6%

2013-2014
(Ongoing Consult/
Coaching)
108 =-23.4%

2014-2015
(Tier 1 Trained)
74= -31.4%

Decrease in Physical Restraints
**62%** overall reduction over 3 years