

# **COLLABORATIVE PROBLEM-SOLVING WITH PARENTS**

*Integrated Home-School Interventions*

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# Collaborative Problem-solving with Parents and Teachers

## Skills Focus Consistent with Evidence-Based Practice (EBP)

- **Practical** take-home clinical skills and innovations, readily applied to daily professional practice in schools
- Presentation of a parent conference method (**Problem-solving Parent Conferences [PPC]**) that is consistent with contemporary evidence-based research
- Illustrated through **case studies**

# Learner Objectives



# LEARNER OBJECTIVES

## Collaborative Problem-solving with Parents

### Integrate Home-School Interventions

Participants will:

- Enhance skills for **engaging, collaborating, and problem-solving with parents**
- Learn how to integrate **evidence-based** family and multisystem interventions with behavioral consultation skills to facilitate **coordinated home-school interventions** for student behavioral and social-emotional problems



# Learner Objectives



- Learn a 5-stage Problem-solving Parent Conference protocol for conducting change-oriented parent-teacher-student conferences
- Learn strategies for resolving home-school conflicts; addressing mistrust and reticence to change; and motivating parents, teachers, and students to execute collaborative change plans.



# Learner Objectives

- Learn how to integrate an **ecological perspective** into assessment and intervention planning with attention to diversity, cultural, and environmental factors
- Learn a **case conceptualization model that links assessment to intervention** for students experiencing internalizing and externalizing behavioral concerns

# Agenda

- The Ecological/Behavioral Perspective
- Family-School Partnerships
- Rationale and Foundations for Problem-solving with Parents
- Systemic-Behavioral Strategies
- Problem-solving Parent Conferences: 5-Stage Protocol
- The Application of PPC Principles and Strategies and the Ecological (Systemic) Perspective to Common Symptom Profiles

## Ecological-Behavioral Perspectives

Education & Psychology have embraced the **ECOLOGICAL PERSPECTIVE** – everything must be understood in context

*Student behavior cannot be understood without taking into account the influence of environmental and social contexts within schools, families, & communities*

## Ecological-Behavioral Perspectives...

- School Psychology (SP) practice grounded in a **Behaviorist Perspective** for understanding individual student behavior and designing interventions
- The **Ecological Perspective** expands both our understanding of the **complex influences** on individual student behavior and the methods and resources contributing to intervention planning
- An **integration** of these perspectives defines **current best practices**

# Ecology

## Consider Everything in Context

- Problem assessment and intervention must consider the environmental and social contexts that influence academic and behavioral development
- School is NOT an isolated context
  - Family, neighborhood, peers, health status, SES... all impact development and daily functioning
- Problem-solving must address both individual and contextual factors

Ecological Perspective...

**Education & Psychology have simultaneously but separately embraced the **ECOLOGICAL PERSPECTIVE****

- **In Schools:** system-wide approaches
  - MTSS, PBIS, Family-School Partnerships, universal screening, social-emotional-learning curriculums...
- **In Psychological Intervention:** systemic strategies
  - Evidence-based Family Therapy and Multisystemic Approaches
  - Individual/group CBT approaches plan for and target changes in parent behaviors

Ecological Perspective...

Two systems embrace the **integration of individual & systemic interventions**

BUT....

...tend to occupy **parallel but isolated intervention literatures**

**Resulting in a research-to-practice gap in both clinical and school psychology**

# Family-School Partnerships: Foundations for Learning

- Our work as School Psychologists (SP) resides in larger **context**
- Problem-solving work with parents most effective **when school culture values strong family and school partnerships**
- Means we need to **think systemically** even when we are working with family and classroom systems

## Family-School Partnerships...

### Characteristics of healthy partnerships:

- trust
- shared responsibility for educational success
- strong reciprocal communication
- a focus on collaboration well in advance of addressing problems or concerns
- a commitment to healthy student social-emotional development in both home and school contexts

## Family-School Partnerships...

### REFLECTION

- What is the climate in your school regarding Family-School Partnerships?
- What steps does your District take to invite parents to partner?
- Are there differences across subgroups of parents in terms of feeling their input is welcome and are engaged as partners?
- In Special Education, what's climate between parents and faculty?
- **WHAT COULD BE DONE TO IMPROVE FAMILY-SCHOOL PARTNERSHIPS IN YOUR DISTRICT?**

## Family-School Partnerships...

### **NASP PRACTICE MODEL** [Domain 7]

## Family, School, and Community Collaboration

- Prescribed practices
  - Application of **empirically supported strategies** to foster partnerships
  - Encouragement for parental **advocacy** role
  - Understanding **culture and context**
  - **Coordination** of family, school, & community resources

## Family-School Partnerships...

### Impact on Academic and Behavioral Outcomes

- Higher grades, standardized test scores, performance on teacher measures
- More advanced curriculum participation
- Strong attendance
- Grade promotion and dropout prevention
- Improved behavioral outcomes, self-regulation skills

**REGARDLESS OF SES STATUS**

## Family-School Partnerships...

Research shows that **active school outreach** makes a difference in level of parent participation

and

level of parental participation makes a difference in student achievement and behavioral health

Family-School Partnerships...

## Overcoming Collaboration Challenges in Low SES Environments

Poverty may compromise time capacity for involvement

BUT

**research shows that it is a myth to assume that parents from low SES backgrounds are less interested or less capable of providing educational supports**

**OUTREACH REQUIRES PERSISTENT AND SYSTEMATIC ATTENTION AND INITIATION FROM SCHOOL STAFF**

## Family-School Partnerships...

### Overcoming Barriers...

- Translators and cultural brokers when language is a barrier
- Flexible scheduling when parental work hours cannot be compromised
- Low self-efficacy when parent has minimal education – persistent communication that parent has much to offer

## Family-School Partnerships...

### Overcoming Barriers...Evidence-Based Interventions and Minority Students & Families

- Meta-analyses suggest that **EBIs are effective with students from ethnic and racial minority backgrounds** (Huey & Pollo, 2017).
- Concern is **insufficient access** to EBIs
- Need for research to identify **appropriate cultural adaptations** of EBIs

<b>Improved Academic Achievement</b>	<b>Effective Collaborative Problem-solving</b>	<b>Inclusive and Responsive School Culture</b>	<b>Improved Social and Behavioral Skills</b>
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**Family-School Partnerships**



**Planned Efforts  
And  
Persistent Outreach  
by  
School Staff**

From: Simon, D.J.(2020). *Problem-solving parent conferences: Ecological and behavioral perspectives*. Routledge Press.

# Empirically Supported Family-School Intervention Programs

## Parent Management Training

(e.g., Kazdin [*PMT*]; Webster-Stratton [*Incredible Years Training*]; Barkley's [*Defiant Children...*])

## *Conjoint-Behavioral Consultation* (Sheridan & Kratochwill, 2010)

## Multisystemic Family Interventions that include schools

(e.g., Henggeler [*MST*]; Alexander [*FFT*]; Boyd-Franklin [*Home & School-based FT*]...)

## Family Resource Centers (Dishion)

## Family-School Intervention Programs...

### What's needed?

- Provision of empirically supported family-school interventions should be part of the **daily routine work of school psychologists**, social works, and counselors
- A **systemic orientation** should be incorporated into all assessment and intervention work and **at every level of MTSS**
- **Professional development** for school mental health practitioners to enhance family and school systemic intervention skills

## Family-School Intervention Programs...

### What's needed?

- **How do we do this on top of everything we else we are doing???**
  - **Acquire skills to perform family-school interventions efficiently**
  - **Replace some individual time with students with family work**
  - **Reprioritize clinical activities**

***ONE HOUR OF PROBLEM-SOLVING WITH PARENTS IS WORTH  
AT LEAST TWO HOURS OF INDIVIDUAL THERAPY WITH A  
STUDENT***

Worth it...Time well spent

## **BENEFITS:**

- Increased **power to influence change**
- **Coordinated** parent, teacher, and student **efforts**
- Ensured **consistency** across primary environments
- Fostered mutually **supportive family-educator relationships**

## **Reflection Exercise...if you could...**

**In an ideal world how would you program your service delivery time to be more effective and more in line with evidence-based practice?**

**What are the barriers to practicing in this manner?**

**How could the barriers be addressed?**

Table 12.1

Multi-Tier Systems of Support for Behavioral Health for Parents and Students

Students	Parents
<p><b>Tier 1 Universal Services</b></p> <ul style="list-style-type: none"> <li>• Universal screening</li> <li>• Programs to promote health &amp; prevent problems</li> <li>• Social Emotional Learning (SEL): social, coping, &amp; problem-solving skills training</li> <li>• Peer support programs</li> </ul>	<p><b>Tier 1 Universal Services</b></p> <ul style="list-style-type: none"> <li>• Orientation for supporting academic progress</li> <li>• Orientation to the goals &amp; methods of health promotion &amp; prevention &amp; SEL programs</li> <li>• Parent education regarding psychological development &amp; mastering developmental transitions</li> </ul>
<p><b>Tier 2 Early Intervention &amp; At-Risk Programs</b></p> <ul style="list-style-type: none"> <li>• Targeted psychological assessment</li> <li>• Crisis intervention</li> <li>• Short term counseling interventions</li> <li>• Structured support groups applying evidence-based protocols for specific symptom profiles</li> <li>• Problem-solving Parent Conferences (PPCs)</li> <li>• Referrals to community resources</li> </ul>	<p><b>Tier 2 Early Intervention &amp; At-Risk Programs</b></p> <ul style="list-style-type: none"> <li>• Parent behavior management training</li> <li>• Parent networking for prevention of antisocial behavior &amp; substance abuse</li> <li>• Crisis intervention</li> <li>• Problem-solving Parent Conferences (PPCs)</li> <li>• Referrals to community resources</li> </ul>
<p><b>Tier 3 Intense Intervention &amp; Support Services</b></p> <ul style="list-style-type: none"> <li>• Structured intense programing supports that may include special education services <ul style="list-style-type: none"> <li>○ Coordinated support across classes targeting both academic &amp; behavioral issues</li> <li>○ Integrated individual &amp; group counseling applying evidence-based protocols</li> <li>○ Problem-solving Parent Conferences (PPCs) &amp; routinely scheduled family-school interventions</li> <li>○ Referrals to community resources</li> </ul> </li> </ul>	<p><b>Tier 3 Intense Intervention &amp; Support Services</b></p> <ul style="list-style-type: none"> <li>• Comprehensive multisystem intervention and support services <ul style="list-style-type: none"> <li>○ Problem-solving Parent Conferences (PPCs) &amp; routinely scheduled family-school interventions</li> <li>○ Advocacy for access to &amp; then collaboration with appropriate community resources (i.e., medical, mental health, social service agencies, youth programs, &amp; child welfare &amp; legal authorities if involved)</li> <li>○ Wraparound or MST Neighborhood Partnership services if appropriate</li> </ul> </li> </ul>

# Effective Home-School Collaboration for Behavioral Problem-solving

## Rationale and Foundation for Problem-solving Parent Conferences (PPCs)

**PPCs** are **change-oriented, collaborative** efforts across home and school systems, rooted in **empirically supported** systemic and behavioral intervention strategies.

## PPCs...

### Overarching goal = Re-focus school parent conferences

- **Change-oriented**
- Involve **reciprocal** inputs from educators and parents
- Address home and school problems with a **coordinated and integrated intervention plan**
- Engage parents and teachers in **mutually supportive and accountable relationships** to benefit student in both home & school settings

## PPCs...

### Contrast with traditional parent conferences at schools

- **One-way communication**
- Focus on **disciplinary consequences**
  - Requests for parents to add more punishments
- Worse case – threats for **exclusion** & loss of educational services

# PPCs...

## Out-of-school suspensions = counterproductive response

- **Lacks support** for student in crisis
- **Excludes student** from prosocial peers
- **Shifts supervision** from school to home
- Provides **no** coordinated **intervention plan**
- **Does not teach prosocial behaviors** and ineffective in stimulating change

# PPCs...

- **PPCs can be a central component of alternative to suspension programs that focus on:**
  - Problem-solving
  - Conflict resolution
  - Restorative justice
  - Social and coping skills education
  - **SOLUTION FOCUS**

Timber Ridge School --- **what happens when suspension is not an option?**

## PPCs...

### Danger to self...

- Equally problematic when school administrators (and lawyers) want to suspend students for suicidal ideation or keep them out of school until they are cleared by an external professional
- **Students at risk for self-harm can be harmed and in more danger by social isolation and withdrawal from potential helping resources**
- If concern is that acute, send to ER....don't send home to unsupervised isolation

## PPCs...

Acceptance rate for referrals to outside of school psychological treatment are low

My experience: **inverse relationship between severity of problem and likelihood of acceptance and follow through of a referral**

PPCs...

## Importance of supporting Primary Caregivers

- Tempting to blame parents for child's school difficulties or become angry when they may appear unresponsive to school concerns
- Reality: **“PARENTECTOMIES” don't work!!!**
- **Teachers are primary caregivers too**
- **Goal – EMPOWER caregivers...their behavior mgt practices are central target of for intervention planning**

## PPCs...

Problems are seldom merely school-centered...

- **COMMON** -- **Students with severe disruptive behaviors**
  - Explosive incidents and meltdowns at home
  - Delinquency and substance abuse in community with negative peer groups
- **BUT SOMETIMES** – **Behaviors only in one setting**
  - Different setting demands...e.g., ADHD, ASD, Anxiety Disorders...

## PPCs...

Empathic not pejorative case conceptualization...

- Think **MULTI-STRESSED** not **Multi-Problemed** (Masden, 2007)
  - Combinations of *stressors overwhelm and immobilize families*
  - *Problems do not lie within families* but result from overwhelming external stressors and accidental contingent learning
  - Behavior management practices *compromised by attention to myriad external stressors*

PPCs...

## Multi-Stressed Perspective...

- Foundation for whole family support initiatives
  - Wraparound Service Programs (Eber et al, 2008)
  - MST Neighborhood Partnerships (Swenson et al., 2009)
- To address school problems, it may be necessary to assist families in coping with environmental stressors
- Boyd-Franklin (2006, 2013, 2019) treatments for low SES clients --> home & school-based interventions

PPCs...

The **PPC** intervention protocol **integrates** evidence-based **family and multisystem** therapy approaches with **behavioral consultation and intervention** strategies commonly employed in schools

PPCs...

## **Systemic/Behavioral strategies:**

- **Engage parents & educators in collaborative problem-solving**
- **Coordinate home-school interventions**
- **Substantially increase power and effectiveness of interventions**

# Effective Home-School Collaboration

PARENTS  EDUCATORS

Rooted in culture of mutual respect and frequent open communication

Bidirectional communication

Reciprocal supports

Collaborative problem-solving

Shared responsibility

Strengths emphasis

Targets skill development not punishments

Solution-focus

Coordinated interventions across home and school settings

From: Simon, D.J.(2020). *Problem-solving parent conferences: Ecological and behavioral perspectives*.  
New York, NY: Routledge Press.

# Effective Home-School Collaboration

- Reduces isolation
- Counters splitting
- Ensures that problem complexity will be acknowledged
- **Resources for change are increased**
- **Creates shared responsibility**

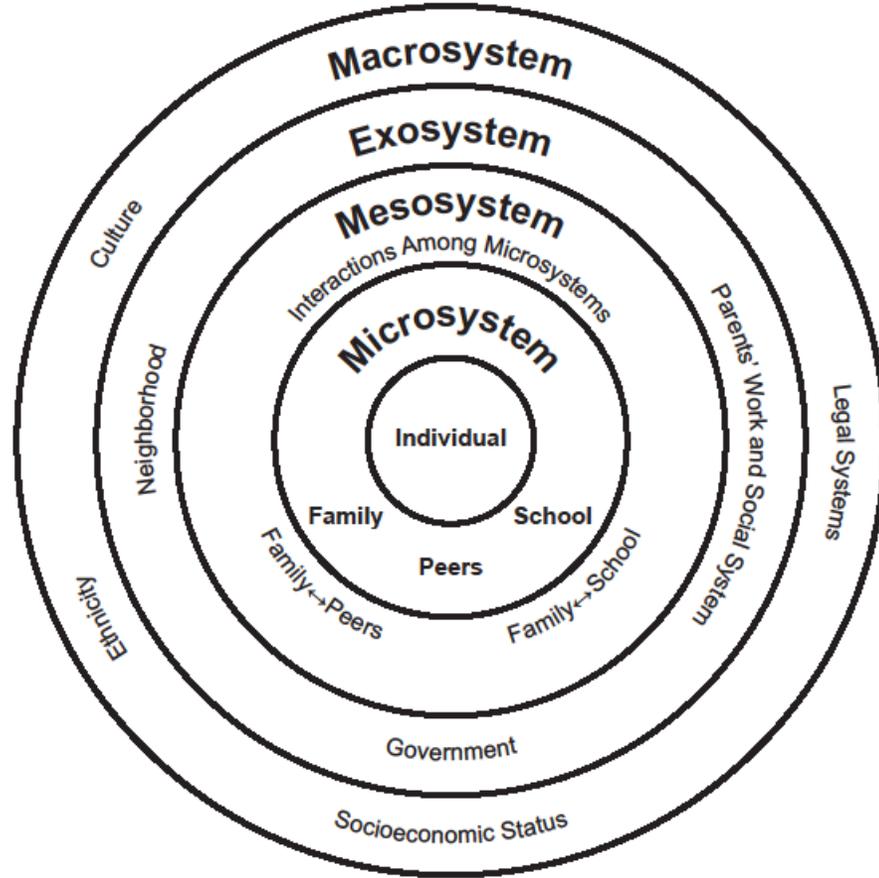
# Ecological Perspective

## Adopting an Ecological Perspective changes:

- **how we define problems,**
- **how we understand child & adolescent psychopathology**
- **how we collaborate with parents & teachers**
- **How we engage in effective problem-solving**

# BRONFENBRENNER

## ECOLOGICAL SYSTEMS THEORY



Based on: Bronfenbrenner, U. (1977). Towards an experimental ecology of human development. *American Psychologist*, 32(7), 513-531.

# New Perspectives on Psychopathology

Ecological and multisystemic perspectives cast **different** light on our **understanding of psychopathology**

Given confluence of stressors → problematic behaviors can appear as likely or **natural outcomes (even if harmful)**

Multisystemic Therapy (MST Henggeler) – search for ***FIT*** between problems and systemic contexts that may drive them to occur

Even biological conditions like ADHD and Pediatric BP vary in **symptom severity based on contextual factors**

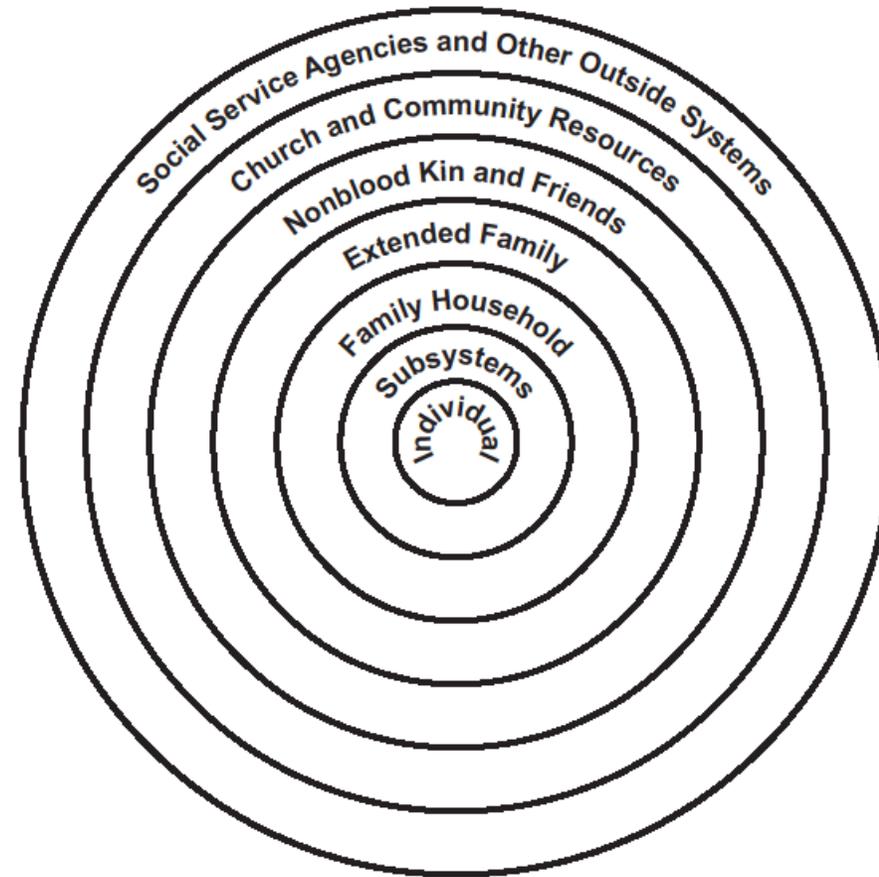
# Ecological Systems Theory...

## Bronfenbrenner

- **multi-determined** nature of human behavior
- **Reciprocal** influence of person and environment
  - Two people may respond differently to same situation
- Critical role of biology – **nature + nurture**
- Influenced emergence of **relational and systemic approaches to intervention**, particularly family therapy

# BOYD-FRANKLIN

## MULTISYSTEMS LEVELS



## Relational approaches to intervention...

### Family Therapies

- Communication patterns
- Family structures and routines
- Supervision and support dynamics
- Systemic reinforcers for maintaining adaptive and maladaptive behaviors

Concept of “**identified patient**” (IP) emerged

Family Therapy intervention strategies focused on:

- **Altering the structures and interpersonal patterns** within the family
- Assumed **everyone in family affected** by behavior of IP

Initially limited attention to schools or other systems

# BEYOND LINEAR ASSESSMENTS

- Linear A-B-C chain analysis is important **BUT...**
- FBAs must pay attention to not just *proximate environmental factors* but to the *influence of social contexts* and the *relational functions of behaviors* and the impact of the *function of system behaviors*, and the influence of *macrosystem factors*
- There is a confluence of *individual, family, school, and community dynamics* that influence and sustain behaviors and create resources and/or barriers to change

## 2-Way Street

Both **Family Systems and Social Learning Theory** (CBT) view development from an interactional point of view

**SOCIAL RECIPROCITY:** Individual and environment influence each other



## Exercise: Interactional and Contextual View of Development

- **Reflect upon your own life and describe the influence on your development from at least one area in each circle**

[if not comfortable talking about yourself...project a student of yours]

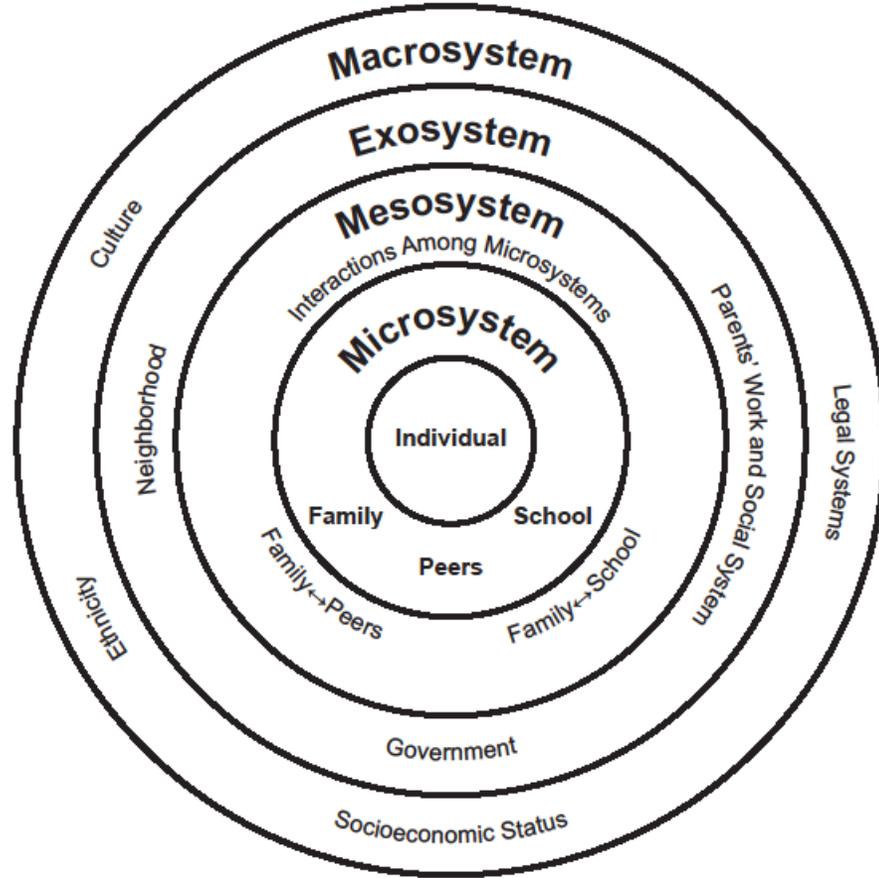
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### Given the perspective of Social Reciprocity

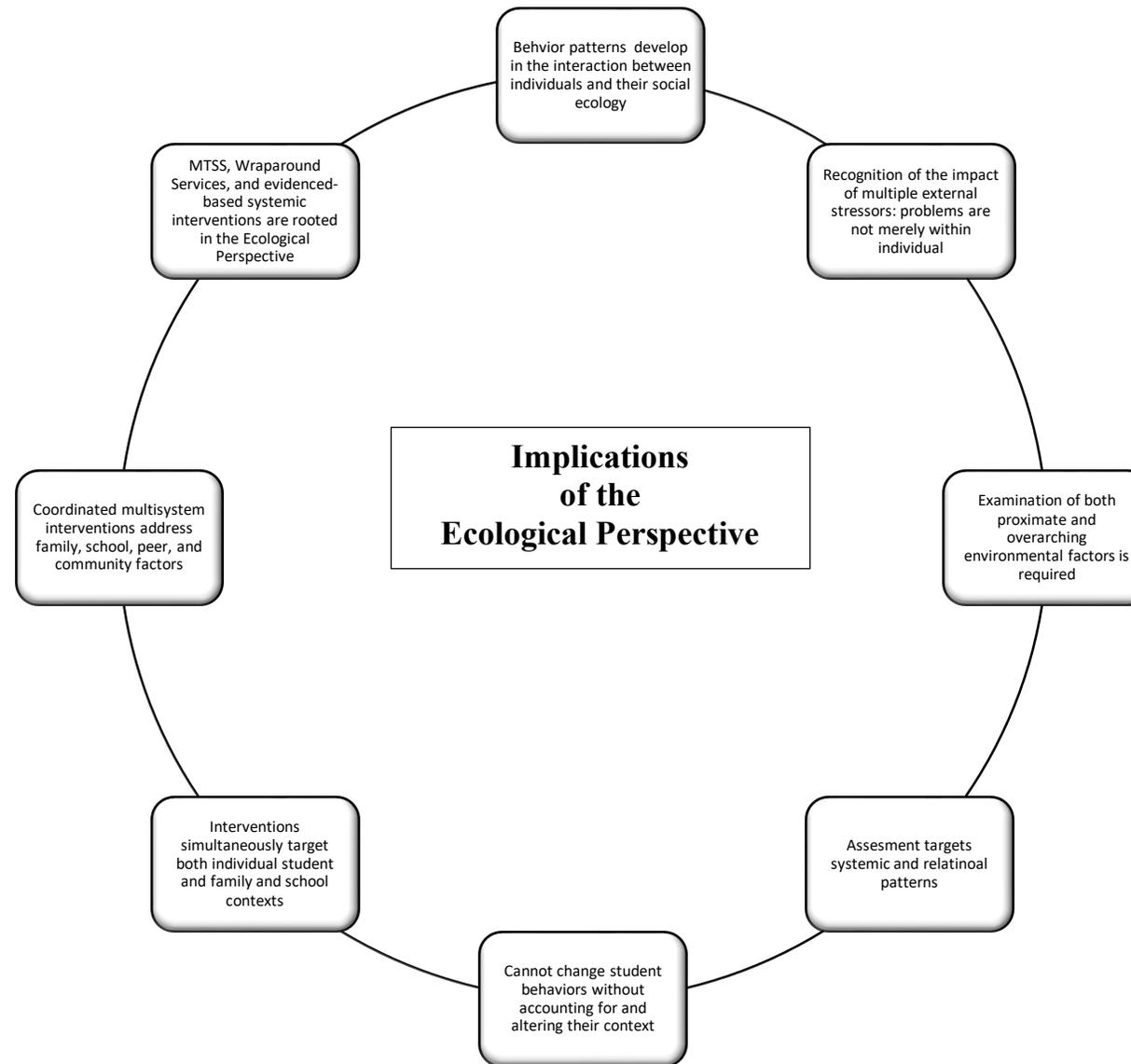
- How did you in turn influence your environment and may be carry out a unique path influenced by but solely determined by environmental influences

# BRONFENBRENNER

## ECOLOGICAL SYSTEMS THEORY



Based on: Bronfenbrenner, U. (1977). Towards an experimental ecology of human development. *American Psychologist*, 32(7), 513-531.



From: Simon, D.J. (2020). *Problem-solving parent conferences: Ecological and behavioral perspectives*. Routledge Press.

## Ecological Perspective and Intervention Research

In the context of both the Ecological Perspective and the Evidence Base for psychological intervention, **singular child-focused interventions are insufficient and inconsistent with research on outcomes.**

This is true **for both internalizing and externalizing behaviors.**

# PPCs...

## PPC approach:

- Applies evidence-based **systemic and behavioral** strategies
- Integrates **clinical and school psychology intervention** research
- Is **solution-focused**
- Provides **practical clinical tools** to school psychologists to facilitate problem-solving across home and school systems
- Increases much needed access to mental health services for children, adolescents, and families through **school-centered service delivery**

# SYSTEMIC/BEHAVIORAL APPROACH

## Family and Multisystem Strategies

### Common systemic themes

- Relational focus – change interactions around problem behaviors
- Multiple contributors to problem-solving
- Focus on strengths and build capacity of primary caretakers
- Address developmental transitions and traumatic life events
- Action-oriented future focus

## Background: Systemic Approaches to Intervention

- Structural Family Therapy (Minuchin)
- Strategic Family Therapy (Haley)
- Solution-Focused Brief Therapy (DeShazer, Murphy)
- Collaborative Family Therapy with Multi-Stressed Families (Madsen)
- Behavioral Family systems Therapy (Robin & Foster, Dishion)
- Functional Family Therapy (Alexander)
- Multisystemic therapy (Henggeler)
- Multisystems Therapy (Boyd-Franklin)

Family Intervention Approach	Core Concepts and Contributions
Structural	<ul style="list-style-type: none"> <li>• Be action-oriented</li> <li>• <i>Enact</i> problematic interaction sequences then intervene to change patterns</li> <li>• Structure healthy authority <i>hierarches</i> and generational <i>boundaries</i></li> <li>• Support parental executive authority</li> <li>• <i>Reframe</i> the meaning of problematic interactions to introduce change</li> </ul>
Strategic	<ul style="list-style-type: none"> <li>• Use strategies for <i>joining</i> (creating alliance) with each member</li> <li>• Engage members in direct problem-solving with each other</li> <li>• Assign homework tasks that alter interaction patterns</li> </ul>
Solution-focused	<ul style="list-style-type: none"> <li>• Positive psychology (explore past in terms of coping skills that were used when things were going well)</li> <li>• Maintain future goal and change focus</li> <li>• Engage in behavioral experiments</li> </ul>

Collaborative Therapy with Multi-stressed Families	<ul style="list-style-type: none"><li>• View families as “<i>multi-stressed</i>” not as problematic</li><li>• <i>Externalize</i> problems,</li><li>• <i>Employ collaborative inquiry</i> to discover exceptions to problem occurrence</li><li>• Change problematic interactions</li></ul>
Behavioral-Family Systems	<ul style="list-style-type: none"><li>• Integrate CBT and Family Therapy</li><li>• Provide direct instruction in behavior management, conflict resolution, problem-solving skills using family concerns</li><li>• Address changes in interactions required by developmental transitions</li></ul>
Functional	<ul style="list-style-type: none"><li>• Assess relational functions of behaviors (systemic FBA)</li><li>• Identify social contingencies that sustain problems</li><li>• Interrupt and divert negative interactions (interrupt, empathize, reframe, redirect, problem-solve)</li><li>• Teach parents behavior management contingency principles</li></ul>

Multisystem

- Convene home- or school-based sessions as necessary
- Assess *fit* of problem behaviors to ecological context across social systems
- Address full range of contributing factors (i.e., medical, financial, educational, legal...)
- Teach behavior management skills targeting effective supervision and contingent behavior management skills
- Engage in prosocial community activities and disengage from negative peer groups
- Define resources and barriers to change and establish multisystem supports for positive change

# School Psychology Intervention Core Skills

- Active listening/accurate empathy
- Direct communication
- Collaborative questioning
- Cognitive restructuring
- Behavioral analysis & intervention
- **Reframing**
- **Motivational interviewing**
- Conflict resolution
- Consultation
- **Systemic analysis and intervention**
- **Adaptation of EBI to school setting**
- Diversity & multicultural responsiveness

# Brief Reflection Exercise

## Reflect on your practice

- What have been the most important skills to apply in your own practice?
- Is there anything you would like to add to this list or highlight in bold?
- What training did you receive in grad school or later professional development in working with parents and specifically in family interventions?



# Key Systemic-Behavioral Strategies

## *REFRAMING*

- Redefining or relabeling a problem or interaction sequence to provide a **FRESH PERSPECTIVE FOR PROBLEM-SOLVING**
- **Counters negative attributions** & counterproductive blaming
- Guides **past stuck perceptions**
- Places problems and potential **solutions within social interactions**
- Provides a new **foundation for considering change** and new actions

## Reframing Examples...

- **Rebalancing excessive attention to negative characteristics:**

- *“...we may all get exasperated by Billy’s energy level and struggles with ADHD, but that energy is also a gift...if we can find a way to channel it, he will be very successful at engaging with people, working hard, and getting lots of things done...”*

## Reframing Examples...

- **Positive Reframe -- Reframing meaning or intention of communication:**
  - *[to angry parent] “...when you get really frustrated, you get angry with your son and yell at him, and your conflict with each other escalates...the intensity of your emotion shows how much you care for him and how worried you are about what he’s doing...I wonder if you could tell him what makes you so worried and what your hopes for him are...”*
  - *[to son] “...you might not feel it at the moment, but the intensity of these arguments with your Mom shows how much she cares and is worried for you...let’s take a moment to listen to her cares and concerns...then hear yours...”*

## Reframing Examples...

- Similar **Positive Reframe** of Son's/Student's behavior:
  - *[to parents/teacher] "...when you see Brad as being oppositional and defiant, I wonder if those are really times when he feels particularly anxious or insecure but doesn't know how to express his emotional pain...what feels like an attack to you may be a backward cry for help..."*
- **Positive Reframes highlight the positive intent of negative communications**

## Reframing Examples...

- **Relabeling a role** (maintain importance but recast energy and concern more productively):

[Parents of child with mild cognitive impairment are overcautiously limiting her opportunities for independent responsibility]

- *“...You’ve prepared Jane better than you think. Your role has been to provide and protect, and you’ve done it well. Now, along with us at school, your role is to “coach” toward greater independence. Like a volleyball coach, you give instructions and lead practice, but she has to play the game herself...”*

## Reframing Examples...

### ▪ **Negative Reframe:**

[Parents of socially anxious child who repeatedly complains of physical symptoms and refuses to go to school. Parents are overwhelmed, concerned, and immobilized.]

- In the absence of verified medical concerns, reframe the child's symptoms as "*disobedience*" to parental directive to go to school and "*distrust*" of their counsel that he can manage his anxiety with school supports.
- Frees parents up to be more appropriately assertive and insistent on school attendance
- Parents' role redefined as "*appropriate family authorities*", school staff as "*coaches*" to help manage anxiety, school nurse as "*health monitor*"

## Reframing Activity

- **Think about a parent, teacher, or student who is stuck in repetitive problem**
- **Craft a reframe response that might yield a fresh perspective to foster problem-solving**
- **Share your example with your elbow partner**

# Key Systemic-Behavioral Strategies

## *REFRAMING*

- Redefining or relabeling a problem or interaction sequence to provide a **FRESH PERSPECTIVE FOR PROBLEM-SOLVING**
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# Motivational Interviewing (MI)

**MI: Empathic approach to managing reticence to change or attempt new behaviors**

- Counter reluctance to change with **empathy**
- Emphasize **personal control**
- Reframe all **behaviors as choices**
- Discuss **consequences of avoiding change**
- Guide exploration of **pros and cons** of choices

## Motivational Interviewing Examples...

- **Examine discrepancies:** *“...on the one hand, it is important for you to make your own decision, but on the other hand it is hard for you to say “no” to your friends even if they ask you to do something that will wind up getting you in trouble...”*
- **Express appreciation for the dilemma of change:** *“...change is hard and you’re not sure it is worth trying...”*

## Motivational Interviewing Examples...

- **Frame all behaviors as choices & explore pros and cons:**  
*“...when someone trash-talks you in the hallway, you feel you have no alternative but to defend yourself, even if it takes a punch to retaliate...let’s brainstorm a little about all of the possible reactions you could choose and what the pros and cons of them would be...”*
- *“...it is a choice that you have to break the terms of your probation...what would the consequences be, what alternatives might there be that would give you more freedom..?”*

# Motivational Interviewing Activity

- Examine discrepancies
  - Express appreciation for the dilemma of change
  - Frame all behaviors as choices & explore pros and cons
- 

**Beginning with an Active Listening response, role play using one of the above MI communications to a client of yours**

**Describe client...how stuck or “resisting” change...choose MI strategy...Role play**



# Externalizing the Symptom

Strategy utilized frequently in mood disorder intervention protocols but applicable to all cases which have a neurobehavioral component

- Links with psychoeducation for chronic illnesses
  - **Separate the child's identity from the symptoms**
  - The child is not a depressed student, but rather a child challenged to cope with depression
  - More to the child than their illness or problematic behaviors
  - Strength-based coping skills approach rooted in CBT but with systemic implications

## Externalizing the Symptom...

- CBT self-instruction strategies teach youth to **talk back to and fight onset of symptoms**
  - Can be panic, anxious thoughts, depressed moods, temper escalation...
  - Talk back to the “Muck Monster” (Stark)
  - Fight off panic attacks or crushingly avoidant anxiety
  - View bipolar moods as storms to be weathered or enemies to be beat back
    - Example: *“...I’m getting revved up and feeling really angry...but I don’t want to lose control and get in trouble...I have to resist the storm...maybe I need a shelter until the storm passes (timeout/safe space)...take a deep breath...remind myself my coping plan (self-instruction)...*

## Externalizing the Symptom...

## Integration of CBT & Systemic

### How systemic?

- Want parents, teachers, and student to view their problems as apart from their identities
  - Removes self-blame or external accusations & helps shift to a problem-solving approach
  - Analogy to Diabetes
    - “I am not responsible for having diabetes but am responsible for managing it”

## Externalizing the Symptom... EXERCISE

### Know and Challenge the *Muck Monster*

- **N** in ACTION is “never get stuck in the negative muck”
- Externalizing the symptom – psychologically distance self from your depression

*[“Muck Monster is voice that tells us negative things about ourselves, the world, and other people. Everyone has Muck Monster thoughts occasionally, but kids who are happier talk back to their Muck Monster, while kids who are sad believe everything the Muck Monster says. If you believe what the Muck Monster says, then you get stuck in the Muck and have the dark lenses on all the time.”]*

## Externalizing the Symptom... Exercise

- Identify a common negative thinking trap that challenges you
- Describe to your partner a common situation on how it manifests itself so that your partner can take on its role and be your **Muck Monster**
- Sit directly across from each other and have your partner say the **negative, depression or anxiety provoking thoughts**, and have an argument with your partner where you **“fight back”** **against your Muck Monster**



# Systemic Analysis and Intervention

## • Systemic Analysis

### • What patterns of interaction maintain problem cycle?

- E.g., parent ignores or does not hold child accountable, then eventually loses temper, feels guilty or sorry, and backs off...follow through remains lacking
  - *“...you hold back and keep thinking he should just take care of this, but frustration builds, and then you get angry, feel bad about that, hold back from limit setting, but nothing changes...”*
- E.g., Splitting
  - (family) one parent sets limit and other makes excuses and undermines
  - (home-school) student complains about parent to teacher and teacher to parents
    - *“...so, you complain to Ms. Smith that home is too loud and chaotic, and you can't do homework...but then you complain to Mom that Ms. Smith is always picking on you and singling you out while not helping you with your work...makes it hard for them to work together to help you...”*

## Systemic Analysis and Intervention...

### Examination of Barriers and Resources for Change

- E.g., complex barriers create failure cycle...instead of getting work done at home, goes out and hangs with negative peer group with whom he gets into trouble on streets and in school...single parent works late and not home to supervise until later...
  - *“...you have no choice but to work late...but you worry about Juan not only because his schoolwork is not getting done, but you worry about the crowd he hangs with and his getting into serious trouble...”*

## Systemic Analysis and Intervention...

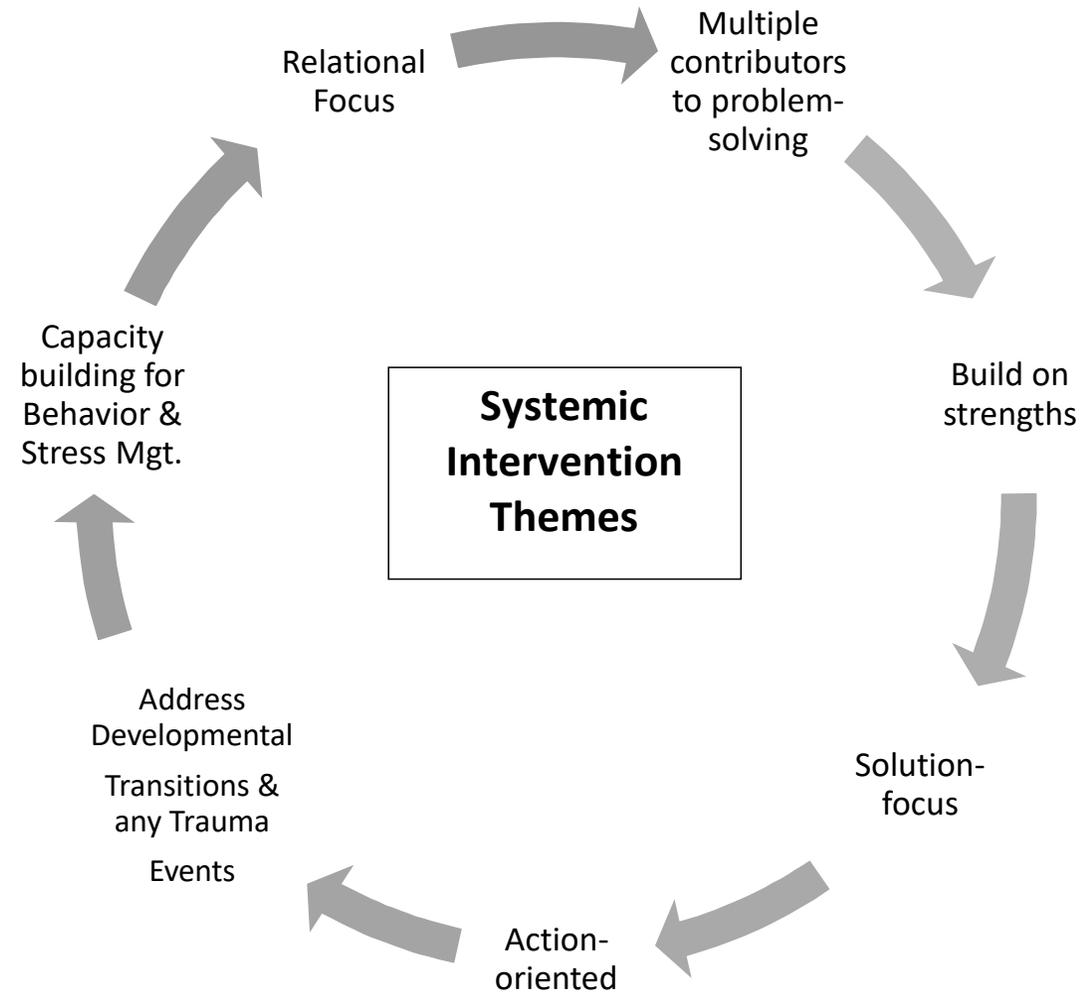
### Examination of Barriers and Resources for Change

- *Juan, you get upset when your Mom or the Dean at school complain or warn you about who you hang out with...to you they're your friends and none of you feel like school includes or supports you...but you have fallen into a hole with academic and school discipline, and even had a brush with the police after school..."*
- **Systemic issues:** *inadequate supervision, absence of structured extracurricular prosocial activities, perception of social exclusion at school, academic standing feels hopeless with no plan to remedy*

# Brief Reflection Exercise: Systemic Analysis

Consider one of your own cases

- What are some of the **interaction patterns** that contribute to the student's problems?
- What are some of the **systemic barriers** that thwart problem resolution?
- What are **some resources** that could be tapped to address the systemic barriers?



From: Simon, D.J. (2020). *Problem-solving parent conferences: Ecological and behavioral perspectives*. Routledge Press.

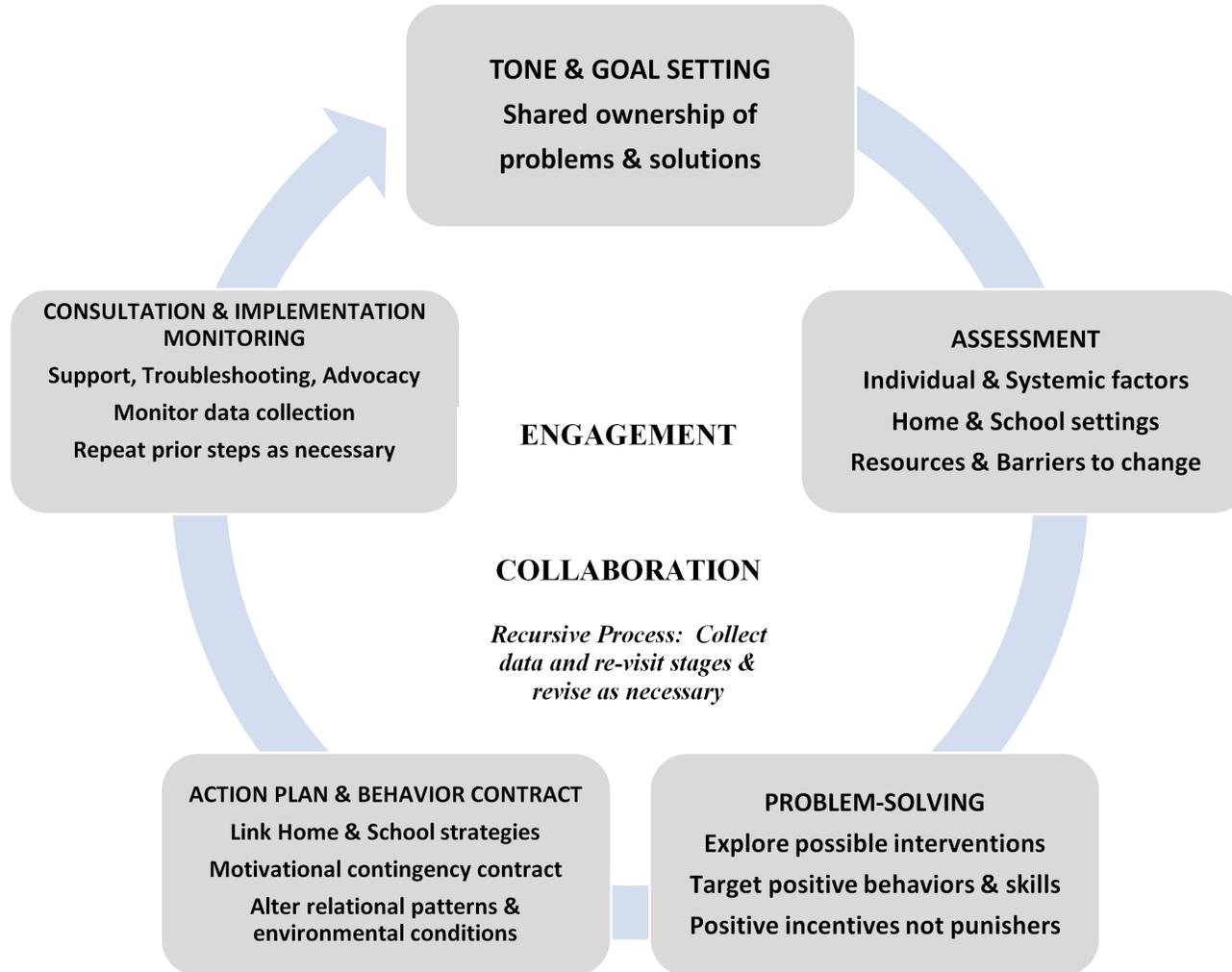
# The Problem-solving Parent Conference Protocol (PPC)

*Simon, D.J. (2020). Problem-solving Parent Conferences in Schools: Ecological-Behavioral Perspectives. Routledge.*

# PPC Core Principles

- **Link assessment to intervention to progress monitoring**
- **Target changes in interactions and context**
- **Maintain a future-oriented solution focus**
- **Strive for consistency in behavior management across systems**
- **Target individual and systemic change**
- **Monitor implementation integrity**
- **Plan for generalization and maintenance of gains**

# Overview of PPC Process



# PPC 5-Stage Protocol

<b>Stage</b>	<b>Goals</b>	<b>Methods</b>
<b>1. Tone &amp; Goals Setting</b>	<ul style="list-style-type: none"><li>• Engagement</li><li>• Collaborative tone</li></ul>	<ul style="list-style-type: none"><li>• Request for assistance &amp; collaboration</li><li>• Project shared ownership of problems &amp; solutions</li><li>• Focus on future solutions</li><li>• Block excessive blaming &amp; redirect repetitive conflicts</li><li>• Externalize symptoms</li><li>• Educate regarding identified disorders</li></ul>

# PPC 1: Tone & Goal Setting

- **Request for assistance and collaboration**
  - **Emphasize need for parental help**
  - **Express confidence that collaboration will work**
  - **Communicate school staff commitment to student**
  - **Empathize with parental frustration and discouragement**

*“...I understand that you might be feeling discouraged...we’re not going to just focus on what has been going wrong...with your help, we want to look ahead to trying new approaches and teaching new skills to Sally...we’re confident that together we can make a difference”*

## PPC 1: Tone & Goal Setting...

- **Get essential people to attend**
  - **Consider whoever has significant caretaking responsibility**
  - **If school has repeatedly only met with one parent and there is a second one, invite that parent**
    - **Framed as needing more resources and support not failure of involved parent**
  - **Arrange flexible scheduling as necessary**

## PPC 1: Tone & Goal Setting...

- **Project shared ownership of problems and solutions**
  - **Look for every opportunity to link home and school problems**
    - **Note setting demand differences when parents say they never see these same problems at home...additional reason we need their collaboration in problem-solving**
  - **Highlight the additional power in collaboration (home has many more influential contingencies to implement)**

## PPC 1: Tone & Goal Setting...

- **Tone:** *we are collaborative problem-solvers who share concerns, perspectives, ideas, and support needs*
  - *“...we are so glad you are here. Ms. Smith (teacher) and the school staff have been very concerned about Don’s behavior and academic progress, and we really need your help in creating a plan to help him succeed...working together, we will be able to get him back on track...”*
  - *“...what have you been seeing at home?...when misbehavior occurs, how do you respond and what impact does it have?...how are you affected?...problems are only part of picture; what is he like when things are going well?...”*

## PPC 1: Tone & Goal Setting...

- **Focus on future solutions**

- **Assert that PPC agenda will create a new change and action plan**
- **Ask everyone what changes they would like to see**
  - **Shifts focus to skill development and away from punishers**
  - **Changes narrative: not a “...bad person...” but “...someone who needs to learn how to manage stress differently...”**

## PPC 1: Tone & Goal Setting...

- **Block excessive blaming & redirect repetitive conflicts**
  - Repetitive conflicts, forceful lectures, or guilt-inducing harangues are **NOT** productive & often mistakenly personalize intent of student behaviors
  - Interrupt with an **EMPATHIC REFRAME**

## PPC 1: Tone & Goal Setting...

- **Empathic Reframe**

- “...I can see how frustrated you are about these behaviors. The intensity of your voice shows how much you care for you daughter. While it comes across to you, Rachel (student/daughter), as an angry blast, I think it is your Mom’s way of saying that she cares for you a lot and is very worried for you. Mom, what is it you would like to see Rachel doing instead?...What are your hopes for her?...What have you observed in her when things are going well?...”

## PPC 1: Tone & Goal Setting...

- **Empathic Reframe**

- *“...I can see, Rachel, how you tense up when Mom shows her frustration. It probably makes you feel like not being here, but it is clear to me that behind all of those words and displayed in its intensity is a real caring and lots of worry. We don’t want to repeat arguments and conversations the two of you have had before; instead, we will focus on how we can support you in resolving these problems. We will need your help in this, but rather than focusing on the past we will focus on what can be helpful for you in the future...”*

## PPC 1: Tone & Goal Setting...

- **Externalize symptoms**

- **Separate the student from their disorder**
- **Builds empathy, acknowledges that coping is hard**
  - **Symptoms don't describe whole child**
  - **Not all behaviors are willful & easily controlled**
  - **Adult role is to **avoid personalizing** and to provide support**
  - **Student must learn specific coping strategies to manage symptoms/behaviors**

## PPC 1: Tone & Goal Setting...

- **Externalize...** (you are not just your symptoms)
  - *“...It’s so hard for you, Marie, when you’re really prepared for a test and have done all of your work well, and then you find all of those anxious thoughts coming up and bombarding you. It must feel like a dark cloud moving in. We’re going to work together to give you support and some strategies for **pushing that cloud away** so you can feel in charge and do your best. These skills will help you deal with other challenges when you all of a sudden feel nervous...”*

## PPC 1: Tone & Goal Setting...

- **Educate regarding identified disorders**
  - **Psychoeducation regarding nature of a disorder and its impact on educational performance and family and peer relationships may be beneficial**
  - **Two-edged sword: can provide perspective and direction for intervention, but student more complex than diagnostic label**

## PPC 1: Tone & Goal Setting...

- **Psychoeducation...**

- **EXAMPLE:** for mood disorder such as BP...children in throes of a manic episode may say or do something aggressive that is at that point not fully in their control that a parent or teacher may be tempted to personalize or merely view as manipulative
- **Parents & Teachers need guidance in understanding when and with what supports behavioral or emotional dysregulation is controllable and what response may assist in regaining control**

## PPC 1: Tone & Goal Setting... EXERCISE

- Each **identify a case** where it has been difficult for you to get parent(s) in for a conference around a problem at school
- Using each other as resources **brainstorm how you might use the engagement principles** just outlined to successfully get parent(s) to come to a meeting...discuss **specific phrasing** you use appropriate to this specific case
- Then imagine you have successfully brought them in and **role play your welcoming introduction and your collaborative tone setting for the purpose of the meeting**



## PPC 2: Problem Assessment and Definition

<b>Stage</b>	<b>Goals</b>	<b>Methods</b>
<b>2. Problem Assessment &amp; Definition</b>	<ul style="list-style-type: none"><li>• <b>Shared problem definition &amp; intervention goals</b></li><li>• <b>Comprehensive assessment of individual &amp; systemic factors that require intervention</b></li></ul>	<ul style="list-style-type: none"><li>• <b>Solicit all perspectives</b></li><li>• <b>Collect home &amp; school data</b></li><li>• <b>Assess relational functions of behaviors</b></li><li>• <b>Assess family &amp; classroom structures &amp; processes</b></li><li>• <b>Link home &amp; school behaviors</b></li><li>• <b>Explore development transitions &amp; trauma history</b></li><li>• <b>Summarize resources &amp; barriers to change</b></li></ul>

## PPC 2: Problem Assessment and Definition...

- **An Ecological-Behavioral perspective increases the number of variables to be assessed**
- **Most students with significant behavioral-social-emotional concerns have chronic issues and are known to SPs**
- **In some cases, more than one meeting may be necessary to complete 5-stage PPC protocol**

## PPC 2: Problem Assessment and Definition...

- **Solicit all perspectives**

- **Extends theme of collaboration and underlines that everyone has something to contribute**
- **SP is active listener and facilitator in charge of tone and focus**
  - **Avoid “ganging up” on student during sharing of concerns**
  - **Encourage sharing of strengths, positive events...**
  - **Block others from interrupting and arguing**
  - **Counter splitting but constantly searching for links between home and school concerns**
- **Observe dynamics among participants looking for interactional patterns**

## PPC 2: Problem Assessment and Definition...

- **Collect home & school data**

- **School**

- **Teacher concerns and objective data on behavioral and academic performance**
    - **FBA when available**
    - **Ask for teacher's perspective on functions of behavior (i.e., attention, power, stress release...)**
      - **Note Relational Functions (role in relationships with teacher, peers...)**
    - **Define social & coping skills student needs to learn**

**CLEARLY DEFINE NEGATIVE BEHAVIORS AND POSITIVE REPLACEMENT BEHAVIORS**

## PPC 2: Problem Assessment and Definition...

- **Home Data**

- Obtain parental perspectives and **reactions to school concerns**
- Explore **problem manifestation at home**
- Looking for **Patterns of Behaviors**, likely **reinforcers** that maintain it, and common **adult responses**
- Focus on:
  - Sequences of family interactions around behavior events
  - Function of behavior for child and family
  - Parent management skill development needs
  - Barriers and resources for change

## PPC 2: Problem Assessment and Definition...

**Look for every opportunity to note commonalities between home and school events, interaction patterns, and challenges**

**Link...Link...Link...Link → Home & School Behaviors and Patterns**

## PPC 2: Problem Assessment and Definition...

- **Assess relational functions of behaviors**

[Interventions will target changes in teacher and parent interactions around problematic behaviors]

**Examine repetitive sequences of interpersonal transactions that may, even inadvertently, reinforce problem behaviors...goal is NOT fault finding...but description of patterns**

## PPC 2: Problem Assessment and Definition...

- **Sample inquiries:**
- Through an example, could you please paint a picture for us of a behavior incident and how each family member was impacted and responded?
- How did this episode end or get resolved?
- Who typically is there and responding to the concern?
- Do both parents respond the same way?

## PPC 2: Problem Assessment and Definition...

- **What happens when only one of you is there and the other finds out later?**
- **Do you find yourself usually on the same page regarding discipline?**
- **After an incident, how and when do tensions subside?**
- **What gets the incident behind you?**

## PPC 2: Problem Assessment and Definition...

- **ENACTMENT** [Structural Family Therapy]
  - Can ask family or teacher to “enact” or demonstrate problematic interaction
  - Within PPC, over time, engaged in problem-solving, families will enact their problem-solving and interaction style

## PPC 2: Problem Assessment and Definition...

- **Ecological Perspective from Family Systems Literature**

- How can the **function or goal of a maladaptive behavior** be achieved thru adaptive behaviors? [Functional Family Therapy]
- How do behaviors ***FIT*** their ecological context....given family stressors, influence of peer networks, and biological factors, how are these behaviors a logical fit? [Multisystemic Therapy]

## PPC 2: Problem Assessment and Definition...EXAMPLES

- **EXTERNALIZING: Coercive Process [Patterson]**
  - **Child (Josh) responds to parental instruction by displaying aversive behaviors**
  - **Parent gives in to escape pressure (negative reinforcement)**
  - **Child more likely to repeat negative behaviors**
  - **Frustrated parent escalates aggressively**
  - **Child intensifies opposition**

**Student sees that coercive behaviors gets their way. Aggressive and oppositional behaviors are generalized to school and peer contexts**

## PPC 2: Problem Assessment and Definition...EXAMPLE

- **INTERNALIZING: systemic factors and anxiety**
  - **Maria**
    - Attendance problems due to somatic complaints
    - Social withdrawal
    - Performance anxiety
    - Incomplete academic work
  - **Parents**
    - Reduce demands and expectations
    - Require less independent functioning
    - Worry that might have medical issue and excuse from school frequently
    - Avoid enrollment in peer activities
    - Provide excessive homework assistance

## PPC 2: Problem Assessment and Definition...

- **ASSESSMENT PREPARES FOR INTERVENTION**
- **Change family interaction patterns around problem**
- **Parent behavior management training**
- **Apply contingency management strategies for student motivation and to structure adaptive adult responses**

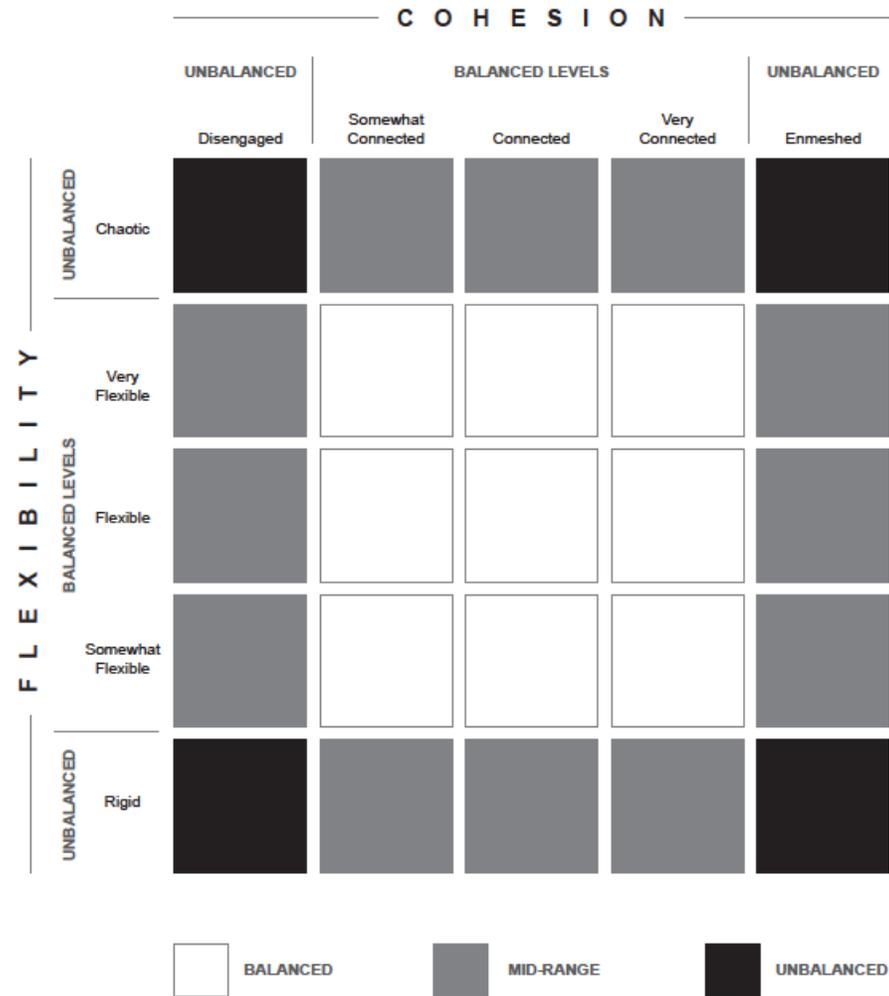
## PPC 2: Problem Assessment and Definition...

- **Assess family & classroom structures & processes**

[From Structural Family Therapy]

- ***Hierarchies:*** *parents exercise appropriate authority, provide appropriate monitoring and supervision*
- ***Boundaries:*** *Clear boundaries between parental and child subsystems*
- ***Consistency:*** *appropriate follow thru in behavior management*

# CIRCUMPLEX MODEL OF MARITAL AND FAMILY SYSTEMS



## PPC2 -- EXERCISE

- Reflect on your own family of origin style of **COHESION AND Flexibility/Adaptability**
- **Where would they fall on the Circumplex Grid?**
  - Explain why
  - Are there certain kinds of events or stressors that markedly change your family's **interactional style** on these two dimensions?
  - How has your family of origin's style impacted your development as an adult?
- [If you are uncomfortable sharing this personal information, describe a client family you know well and locate them on the Circumplex Grid.]

# School-Centered Case Conceptualization

## The Self-Understanding Model (SUM)

(Kapp-Simon & Simon, 1991; Simon, 2016)

- The **Self-Understanding Model (SUM)** case conceptualization approach is school-centered, has been effectively applied in school settings, is consistent with current best practice, and incorporates the principles of evidence-based CBT/Systemic interventions
- SUM analyzes symptom manifestation and maintenance through an integrated understanding of a student's **experiences**, **physical reactions** to stressors, **thoughts**, feelings, **behaviors**, and the influence of **context**

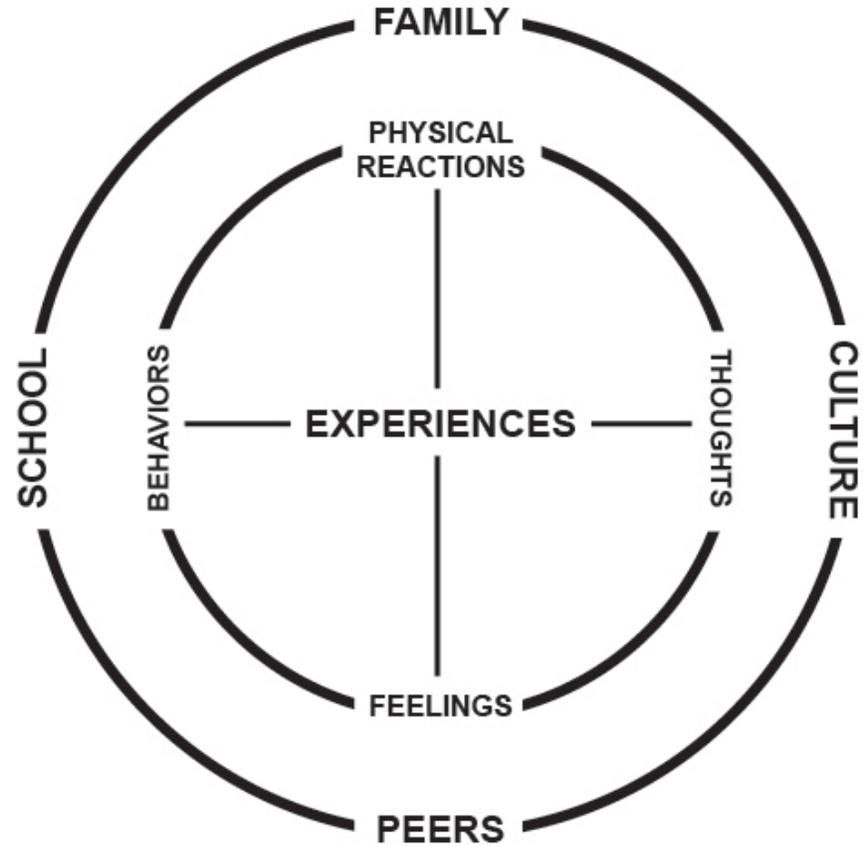
# School-Centered Case Conceptualization

## Case Conceptualization Assumptions:

- Uncontrolled **physiological reactions** to stress interfere with effective coping and problem-solving
- **Thoughts** (how we process information) directly impacts emotions
- Understanding **emotions** and providing **empathy** are essential
- Applying **behavioral change principles** (i.e., operant & respondent conditioning) supports change
- **Modifying systems/contexts** that influence problem manifestation is required to effect change and sustain change

# CASE CONCEPTUALIZATION

THE SELF-UNDERSTANDING MODEL (SUM)



Adapted from Simon, D.J. (2016). *School Centered Interventions: Evidence-based Strategies for social, emotional, and academic success.* Washington DC: American Psychological Association Press.

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# Brief Case Example: SUM Case Conceptualization

Student with **social anxiety** facing a challenging social situation:

- **Physical Reaction** – tense stomach, racing heartbeat
  - Response: physical calming strategies to calm arousal
- **Thoughts** -- flooded with stream of negative self-talk and visual images of social failure
  - Response: cognitive strategies to counter overblown perception of threat and coping self-instruction techniques to replace automatic self-defeating thoughts
- **Feelings** – intense anxiety, panic
  - Response: Empathy & Reassurance
- **Behaviors** -- withdrawal & isolation
  - Response: behavior rehearsal and role plays of challenging social scenes

# Brief Case Example: SUM Case Conceptualization

## Systemic Factors:

-Possible Interventions

- **Family**

- Coach parents to counter any unhealthy overprotective tendencies and teach how to support adaptive social and coping skills

- **Peers**

- Interpersonal skills training

- Facilitated participation in non-competitive social activities

- Increased faculty vigilance to respond to bullying or social exclusion

- Assignment to positive peer groups for academic activities

## SUM...

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- Interventions are planned for each domain of human experience.
- The effective entry point for change for each individual may be different.
- The earliest cue or recognition for distress is always physical but may not always be recognized.

SUM...

## CBT strategies applied within the SUM Model

---

- Recognize earliest physical cue that I am feeling ..... (anxious, threatened, depressed, angry, etc.)
- If necessary, perform physically calming actions
- Assess my current thoughts and appraisal
- Tell myself to stop any self-defeating thoughts
- Give myself specific instructions that direct me to engage in coping actions
- Give myself covert reinforcement for positive coping
- Seek out appropriate social supports

## Ecological/Systemic Assessment EXERCISE

### Relational Functions of Behavior

Think of a challenging family you have worked with...

- What family interaction sequences contribute to occurrence and continuation of student's problematic behaviors?
  - How are the student's behaviors inadvertently reinforced?
- How would those family interactions need to change to change student's behaviors?
  - ...and reinforce alternative positive behaviors?

# PPC 3: Collaborative Problem-solving

Stage	Goals	Methods
<b>3. Collaborative Problem-solving</b>	<ul style="list-style-type: none"><li>• Collaborative intervention planning</li><li>• Application of relevant evidence-based interventions</li></ul>	<ul style="list-style-type: none"><li>• Brainstorm interventions</li><li>• Use active listening &amp; reframing to create shared empathy &amp; positive intentions</li><li>• Use motivational interviewing strategies for reticence to change</li><li>• Review prior attempts</li><li>• Focus on “Do’s not Don’ts” (positive behaviors &amp; skills)</li><li>• Focus on positive incentives not punishments</li><li>• Link home &amp; school plans</li><li>• Address barriers to change</li><li>• Explore resources for change</li><li>• Apply evidence-based interventions</li></ul>

## PPC 3: Collaborative Problem-solving...

- **Brainstorm interventions**
  - **Encourage short term goals: “one step at a time”**
  - **Review prior attempts**
  - **Focus on “Dos,” not just “Don’ts”**
  - **Positives before Negatives**
  - **Involve student as developmentally appropriate**

## PPC 3: Collaborative Problem-solving...

- **Guide and support student involvement in problem-solving**
- *“...the adults here are very concerned about the trouble you are repeatedly getting into with some of your friends and wish you would not hang with them. My guess is that you consider these guys good buddies and would be worried that if you stopped hanging with them, you’d be isolated and alone, is that the case?...What would you lose if you spent less time with these friends?...How hard is it for you to feel like you fit in with other students?...”*

## PPC 3: Collaborative Problem-solving...

- **Identify and encourage full range of student affect**

- What appears to adults as just anger and oppositionality may be rooted in anxiety, frustration, or depression which serve as real triggers to outbursts

- *“...Matt, you’ve heard some of the concerns from your teachers and parents about these angry and disruptive outbursts. It seems like they occur most often in and around math and science classes, maybe hard subjects for you. I’m wondering if you’re not so much angry, as anxious about doing the work and frustrated that it doesn’t come easily for you? Can you share your anxiety with your parents and Ms. Brown?”*

## PPC 3: Collaborative Problem-solving...

- **Student involvement...**

**Sometimes may need to ask student to temporarily leave room**

- so adults can work out differences
  - When they are overwhelmed and repetitively disruptive
  - When overwhelming need to demonstrate that adults are “in charge”
- 
- **Promise to summarize relevant missed discussion upon return**

## PPC 3: Collaborative Problem-solving...

- Use active listening & reframing to create shared empathy & positive intentions
- Use motivational interviewing strategies for reticence to change
- Family and Educators are responsible for contributing to problem-solving and executing the intervention plan
- SP facilitates discussion but also provides **evidence-based strategies** and assertively applies clinical expertise to guide final action plan

*“Flexibility within fidelity”*

## PPC 3: Collaborative Problem-solving...

- **Link Home and School Plans**

- **Structure so that parents and teachers communicate with and support each other**
- **Design contingency management to include home and school actions**
- **Integrate home challenges into action plan**

## PPC 3: Collaborative Problem-solving...EXAMPLE

### Address barriers to change and explore resources for change

<b>BARRIER TO CHANGE</b>	<b>RESPONSE/RESOURCE</b>
Parents' limited English skills	Access bilingual staff member or reliable translator; send communications in parents' native language
Parent's work schedule compromises after school and evening monitoring and supervision	Seek assistance from extended family member, neighbor, or parent of peer; increase electronic monitoring through cell phone video conferencing and texting; enroll student in structured after school program
Parental depression limits capacity for effective parenting	Secure referral for depression treatment for parent
History of concerns regarding hyperactivity, impulsivity, and inattention never systematically addressed	Arrange for evaluation to rule in or out ADHD and follow up with appropriate interventions as necessary
Student spends excess free time with antisocial peer group	Enroll in structured after school program with activities appealing to student either at school or community youth agency; establish communication routine with parents of peers

**BARRIER TO CHANGE****RESPONSE/RESOURCE**

<p>Daughter does not fully complete homework and occasionally misses school because of childcare responsibilities for younger siblings due to parent's work schedule</p>	<p>Seek assistance from extended family member; explore possible supports from community-based family service agency; attempt to re-arrange work hours; explore possible funding support for childcare with school's Wraparound Coordinator</p>
<p>Divorced parents speak ill of ex-spouses in front of student and undermine each other's discipline approaches</p>	<p>Arrange a problem-solving conference with parents without child present to establish communication ground rules and craft a unified behavior management plan with consistent rules across households</p>
<p>Student has medical condition that creates a physical difference and leads to teasing, bullying, and social isolation and requires several surgical interventions</p>	<p>Provide medical information to school staff (note that intelligence is normal) and work with teacher to create education plan for classmates and support plan to increase socialization; alert staff in less intensively supervised areas, (e.g., cafeteria) to intervene to prevent negative peer attacks</p>

# Case Illustration

- **Student - 14 y/o male (John)**

- Disruptive and aggressive behaviors a school
- Chronic ignoring of parental directives
- Angry outbursts in confrontations with mother
- Involvement with delinquent peers (class cutting, alcohol consumption...)

- **Mom (single parent)**

- Needs to work evenings to make ends meet
- Responds to non-compliance alternating between lectures and exasperated angry shouting matches
- Threatens punishments but seldom follows through

# Coordinated home-school intervention plan

- **Home-centered strategies:**

- **Behavior management coaching** for Mom focused on reasonable limit setting, back-up by matter-of-fact contingent consequences
- **Increased monitoring** of John's whereabouts and activities requiring text or phone check-ins, use extended family or neighbor for additional monitoring support
- **Interruption and redirection of** intense but purposeless lectures and angry **conflicts**
  - Demo and coach matter-of-fact directives with clear rationales, state contingent incentives and punishments as choices...
- Encourage Mom to **contact peers' parents** to increase communication and shared monitoring...Paired with **engagement in supervised youth program**

# Coordinated home-school intervention plan

- **School-centered strategies**

- Assignment to **structured study hall** or resource center for at-risk students
- Assignment to **after-school detention for every cut class** to make up missed work
- **Staff facilitated direct face-to-face problem-solving** after any major conflict with faculty or peer
- **Daily report card** to be shared with Mom
- Refer to school **anger management coping skills group** (MTSS T2)

**Coordinated elements of home and school plans summarized in integrated home-school contingency contract: Stage 4**

# PPC 4: Action Planning & Behavior Contracting

Stage	Goals	Methods
<b>4. Action Planning &amp; Behavior Contracting</b>	<ul style="list-style-type: none"><li>• Coordinated home-school action plan summarized in behavior contract</li></ul>	<ul style="list-style-type: none"><li>• Target individual &amp; systemic change</li><li>• Structure changes in relational patterns &amp; environmental conditions</li><li>• Delineate plan in written behavior contract</li><li>• Develop contingency contract centered on motivational incentives but with response cost too</li><li>• Reinforce short &amp; long term goals using successive approximation as necessary</li><li>• Create path for positive behaviors to address functions of prior negative behaviors</li><li>• Link home &amp; school interventions &amp; motivational systems</li><li>• Collect data for contingency management &amp; progress monitoring</li></ul>

## PPC 4: Action Planning with Behavior Contracting

Comprehensive action plan is summarized in a written behavior contingency contract

- Contingency contracts are effective tools for **structuring individual and systemic change interventions**
  - Strong **research** base
  - Rooted in **operant conditioning**: motivating incentives and response cost
  - Appropriate for both **externalizing and internalizing symptoms**
  - Define expected **student and adult behaviors**

## PPC 4: Action Planning with Behavior Contracting...

**Contract terms structure changes in relational patterns and environmental conditions.**

## PPC 4: Action Planning with Behavior Contracting...

- **Written**

- **Adds gravity** (signed)
- **For older students analogous to labor contracts**
- **Holds everyone (Parents, Teachers, & Student) accountable to the plan and to each other**
- **Shapes adult behaviors**
- **Includes description of goals, expectations, procedures, and progress monitoring**

## PPC 4: Action Planning with Behavior Contracting...

- **Centered on MOTIVATIONAL INCENTIVES but with RESPONSE COST too**
  - Reinforce short- and long-term goals using successive approximation
  - Daily and longer-term incentives
  - Incentives must be:
    - sufficiently motivating
    - realistic & achievable
    - incorporate a social component

## PPC 4: Action Planning with Behavior Contracting...

- **Contracts target relational patterns**
  - Execution of contract **builds parental consistency and expertise in limit-setting**
  - Shifts parent and teacher focus to providing **motivational incentives and teaching skills**
  - Replaces counterproductive conflict cycles through predictable **matter-of-fact and consistent follow-through** on contingencies specified in contract

## PPC 4: Action Planning with Behavior Contracting...

- **Address secondary gain and the functions of behaviors**
  - **[example] attention-seeking behavior re-directed...earn special time with favored teacher by meeting contract goals and reducing disruptive behaviors**
  - **[example] depressed student in disengaged family...isolates socially and stops completing schoolwork to manage stress...contract specifies parent supports for academics and incentive earns a pleasant mutually enjoyable activity with parent**

## PPC 4: Action Planning with Behavior Contracting...

- **Link Parent and Teacher Efforts**

- **Require increased routine communication** between home and school
  - Daily Report Card can go both ways
- **Build incentives & response cost integrated across settings**
  - Strenuously **guard against “splitting”**
- **Sometimes make a school issue a home problem and vice versa**

## PPC 4: Action Planning with Behavior Contracting...

- **Contract as summary Support and Change Plan**
  - **Summarize action plans, communication requirements, data collection, and actions and resources for support**
  - **Every participant should have a defined responsibility**

## PPC 4: Action Planning with Behavior Contracting...

- **SP** is responsible for **facilitating** the collaborative problem-solving session and providing expertise in empirically-supported approaches to intervention
- **Execution of plan is primarily the responsibility of parents, school staff, and the student.**

## PPC 4: Action Planning with Behavior Contracting...CASE EXAMPLE

### Disruptive Behavior Disorder with Aggression

- **Josh: 10 y/o lives with Mother & two siblings**
  - **School:** oppositional, bullying, aggressive, coercive approach to problem-solving
  - **Home:** (coercive cycle and inverted hierarchy of authority) non-compliant argumentative, tantrums to get way and avoid compliance

## PPC 4: Action Planning with Behavior Contracting...Case Example

- **Interventions designed to reverse Coercive Cycle**
  - **Behavior Management Training for Mother:** Prepare for persistent, matter-of-fact delivery of directives and limit setting with incentives for compliance and realistic enforceable punitive consequences for non-compliance
  - Similar approaches by Teachers **with focus on motivating incentives** rather than office discipline
  - **Goals:** **structure relationships and contingencies differently to reverse negative reinforcement** and shift to student exercising control through demonstrating adaptive behaviors

## **JOSH'S CONTRACT for Home and School**

### **Goals and responsibilities:**

1. Follow instructions (accept adult decisions)
2. Complete academic work required at home and school
3. Treat peers appropriately
4. Stop aggressive behaviors

### **Contract Terms**

#### **At school:**

Ms. Andrews, home room and primary academic teacher will monitor the contract. Josh will receive a daily Work Card from her to carry with him to all of his classes. At the end of each class period the teacher will give feedback to Josh on his goals and check the box that indicates his performance on each goal for that class period. If he met each (all four) of his goals the card would indicate that he **“passed the class for that day”**. See sample below.

**Class:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_ **Day:** \_\_\_\_\_

- 1. Follow instructions (at least 80% of the time):
- 2. Complete class work (at 80%)
- 3. Treat peers right
- 4. No aggressive behaviors

(No physical contact, threatening, or tantrums)

---

For the first two weeks of the contract Josh needs to pass 7 of 8 classes a day to **earn a Pass** for the School Day.

**At home:**

Josh's mother will monitor the following in the same way and complete a Work Card that will be shared with Ms. Andrews at school. All boxes checked to **earn a Pass** for his evening at home.

---

---

1. Follow instructions
2. Complete homework
3. No aggressive behaviors

---

---

Josh is responsible for bringing his School Work Card home to be signed by his mother and his Home Work Card to school. Ms. Andrews will keep records of both Work Cards.

### **Earning Rewards**

- Every day that Josh earns a **Pass** at BOTH school and home, he will earn 10 minutes of free play computer time in homeroom and a half hour extra of play time before bedtime at home.
- Every week that Josh earns 4 out of 5 **Passes** at BOTH home and school, he will earn a special activity with his Mother (see separate list of activities requested by him and approved by his mother)

### **Earning Negative Consequences**

- Aggressive behaviors (physical acts, threats, or tantrums)
  - at school would result in loss of participation in the next recess period
  - at home would result in loss of privilege of regular Saturday morning sports activity

Signatures:

Josh: \_\_\_\_\_

Mother: \_\_\_\_\_

Teacher: \_\_\_\_\_

MHP: \_\_\_\_\_

Date: \_\_\_\_\_

Contract terms will be reviewed no later than two weeks.

## PPC 4: Action Planning with Behavior Contracting...CASE EXAMPLE

### Anxiety Symptoms -- Maria, 4<sup>th</sup> Grader

#### ▪ **School:**

- attendance issues with somatic complaints
- Social withdrawal, limited participation in group work
- Performance anxiety
- Inconsistent work completion

## PPC 4: Action Planning with Behavior Contracting...CASE EXAMPLE

- **Parent & Teacher Similar Interaction Patterns:**
- **Reduce demands and expectations**
- **Require less independent function**
- **Overreact to somatic complaints & Overprotect**
  - (Mother: worry about health and excuse from school too easily)
  - (Teacher: send to nurse, excuse from participation in peer pay and PE)

***Instincts are to protect Maria from anxiety-provoking stimuli even if performance and social demands represent developmentally appropriate expectations.***

## PPC 4: Action Planning with Behavior Contracting...CASE EXAMPLE

### • Interventions

- **Insist on school attendance (make school nurse evaluator of health status)**
- **Call Nurse to classroom rather than remove student**
- **Assign to positive peer groups for academic activities**
- **Coach PE teacher, lunch supervisors... how to support social involvement and monitor any bullying**
- **Assist parents in finding non-competitive social activities outside of school**
- **Assign to anxiety management support group**

## **MARIA'S CONTRACT for Home and School**

### **Goal and responsibilities:**

1. Maria will attend school daily
2. Maria will complete daily academic work
  - a. At school with assistance from her teachers and peer tutors
  - b. At home daily homework will be completed independently and scheduled make up work will be completed with parental assistance
3. Maria will participate in a structured non-competitive peer program either after school or on weekends

### **Contract terms**

1. Maria will attend school daily. If she feels ill, her parents will still bring her to school to be medically evaluated by the school nurse who will determine if she is well enough to attend school.
  - a. If Maria attends school, she will earn a half hour of special activity with one of her parents (her preferred choices are a board game or a puzzle)
  - b. If she attends school every day of a school week, she will earn a special weekend activity with one of her parents (examples include but are not limited to shopping or a movie)
  - c. If she remains in the classroom without visits to the nurse's office for 5 school days in a row, she will earn a visit with the nurse for snack.
2. Maria will complete all daily and assigned make up work as scheduled at school and at home with the supports listed above.
  - a. Each day of successful work completion will earn 100 points toward earning a special item purchase she is interested in from a local arts and crafts store, a total of 1500 points (the equivalent of three weeks of successfully completed academic work at home and school are required to earn the purchase).
  - b. When Maria successfully completes all academic work for a week, she will earn a Friday afternoon game or shared art time with a classmate. The classmate will be selected by the teacher with input from Maria.
3. Maria will participate in a weekly structured extracurricular peer program (she will have input into its selection).
  - a. After 4 weeks of successful attendance and participation in the program, she will earn a Sunday afternoon pizza dinner and movie matinee with both of her parents (and if she wants, a peer of her choice).

Maria: \_\_\_\_\_ Mother: \_\_\_\_\_ Teacher: \_\_\_\_\_

MHP: \_\_\_\_\_ Date: \_\_\_\_\_

## PPC 4: Action Planning with Behavior Contracting...CASE EXAMPLE

- **Successful completion of contract changes relational functions of Maria's behavior**

***RATHER THAN INCREASED SUPPORTS AND ATTENTION FOR AVOIDANT AND WITHDRAWAL BEHAVIORS...***

***...INCREASED SPECIAL ACTIVITIES WITH PARENTS, THE SCHOOL NURSE, AND PEERS EARNED THROUGH INCREASED SOCIAL PARTICIPATION AND COMPLETION OF ACADEMIC WORK***

# PPC4 Exercise – Application to Your Case

- Pick and share **a case of your own**
- Share with your partner and use each other as consultants:
  - **Symptoms** at school and home
  - **Systemic issues** that are barriers to change at home and/or school
    - Social or relational functions of behavior
    - What interactions need to change
  - **Project an Action Plan that includes a Behavior Contract**
    - Contract should be designed to change both student and adult behaviors



## PPC 5: Follow-up Consultation and Implementation Monitoring

<b>5. Follow up Consultation &amp; Implementation Monitoring</b>	<ul style="list-style-type: none"><li>• Consultation &amp; implementation monitoring</li><li>• Advocacy</li></ul>	<ul style="list-style-type: none"><li>• Contact all participants and reinforce the reinforcers</li><li>• Monitor implementation integrity</li><li>• Troubleshoot challenges</li><li>• Use motivational interviewing strategies</li><li>• Advocate for student with school &amp; community resources</li></ul>
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## PPC 5: Follow-up Consultation and Implementation Monitoring...

- **Plan implementation monitoring**
- **Reinforce the reinforcers**
- **Consultation and troubleshooting**
- **MI to encourage compliance**
- **Follow-up progress monitoring conference**
- **Progress monitoring data**
- **Advocacy for access to community resources**

## PPC 5: Follow-up Consultation and Implementation Monitoring...

### PPC Closure & Long-Term Follow-up

- **Identify what would necessitate reconvening**  
[some relapse is normative]
- **Be available for long-term follow-up and periodic supports**
  - Developmental transitions
  - Difficult school or home events
  - Coach new teachers

PPC: Stages, Goals, and Methods

Stage	Goals	Methods
1. Tone & Goals Setting	<ul style="list-style-type: none"> <li>• Engagement</li> <li>• Collaborative tone</li> </ul>	<ul style="list-style-type: none"> <li>• Request for assistance &amp; collaboration</li> <li>• Project shared ownership of problems &amp; solutions</li> <li>• Focus on future solutions</li> <li>• Block excessive blaming &amp; redirect repetitive conflicts</li> <li>• Externalize symptoms</li> <li>• Educate regarding identified disorders</li> </ul>
2. Problem Assessment & Definition	<ul style="list-style-type: none"> <li>• Shared problem definition &amp; intervention goals</li> <li>• Comprehensive assessment of individual &amp; systemic factors that require intervention</li> </ul>	<ul style="list-style-type: none"> <li>• Solicit all perspectives</li> <li>• Collect home &amp; school data</li> <li>• Assess relational functions of behaviors</li> <li>• Assess family &amp; classroom structures &amp; processes</li> <li>• Link home &amp; school behaviors</li> <li>• Explore development transitions &amp; trauma history</li> <li>• Summarize resources &amp; barriers to change</li> </ul>

<p>3. Collaborative Problem-solving</p>	<ul style="list-style-type: none"><li>• Collaborative intervention planning</li><li>• Application of relevant evidence-based interventions</li></ul>	<ul style="list-style-type: none"><li>• Brainstorm interventions</li><li>• Use active listening &amp; reframing to create shared empathy &amp; positive intentions</li><li>• Use motivational interviewing strategies for reticence to change</li><li>• Review prior attempts</li><li>• Focus on “Do’s not Don’ts” (positive behaviors &amp; skills)</li><li>• Focus on positive incentives not punishments</li><li>• Link home &amp; school plans</li><li>• Address barriers to change</li><li>• Explore resources for change</li><li>• Apply evidence-based interventions</li></ul>
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<p>4. Action Planning &amp; Behavior Contracting</p>	<ul style="list-style-type: none"><li>• Coordinated home-school action plan summarized in behavior contract</li></ul>	<ul style="list-style-type: none"><li>• Target individual &amp; systemic change</li><li>• Structure changes in relational patterns &amp; environmental conditions</li><li>• Delineate plan in written behavior contract</li><li>• Develop contingency contract centered on motivational incentives but with response cost too</li><li>• Reinforce short &amp; long term goals using successive approximation as necessary</li><li>• Create path for positive behaviors to address functions of prior negative behaviors</li><li>• Link home &amp; school interventions &amp; motivational systems</li><li>• Collect data for contingency management &amp; progress monitoring</li></ul>
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<p>5. Follow up Consultation &amp; Implementation Monitoring</p>	<ul style="list-style-type: none"><li>● Consultation &amp; implementation monitoring</li><li>● Advocacy</li></ul>	<ul style="list-style-type: none"><li>● Contact all participants and reinforce the reinforcers</li><li>● Monitor implementation integrity</li><li>● Troubleshoot challenges</li><li>● Use motivational interviewing strategies</li><li>● Advocate for student with school &amp; community resources</li></ul>
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# Integrating Individual, Interpersonal, and Contextual Dimensions in Case Conceptualization

**Successful PPCs integrate individual, interpersonal, and contextual factors into assessment and intervention planning**

**Case Example to illustrate the integrated individual and systemic interventions**

## 6<sup>th</sup> Grade Boy Demonstrating Disruptive Behaviors Comorbid with Performance Anxiety

Dan exhibited **repeated disruptive behaviors** in the classroom (**masked performance anxiety**). The **FBA** hypothesized that behaviors were reinforced by attention from peers, the teacher, and eventually parents, and by work avoidance which relieved his performance anxiety. **School kept suspending him, and parents kept scolding him.** Afraid of his engaging in delinquency, parents repeatedly grounded him so he would stay out of trouble.

## 6<sup>th</sup> Grade Boy Demonstrating Disruptive Behaviors Comorbid with Performance Anxiety...

- **Father was underinvolved** except when Mother asked him to discipline his son, which turned out to merely be loud scolding, predictions of future failure, and unrealistic threats to send him to live with another relative. The result was that **he only received attention from his Father after a negative school report.**

6<sup>th</sup> Grade Boy Demonstrating Disruptive Behaviors Comorbid with Performance Anxiety...

Schoolwork was very difficult for Danny. He felt stupid and inferior. He defended himself against anxiety by work refusal and protected his own vulnerability by bullying other students and gaining attention for his defiance of school rules.

# PPC Case Example Exercise

- Brainstorm an intervention plan for Dan within the PPC Framework.
  - What are the **key individual and systemic issues**?
  - What **social interaction or relational issues** must be addressed by the plan?
  - What might **a coordinated family-school intervention plan** with a behavioral contract look like?
  - [Feel free to make up details to fill in the blanks of the case.]

## Interventions for a case with Disruptive Behaviors...

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Dan (11 y/o 6<sup>th</sup> grader)

Behavioral concerns:

- Repetitive disruptive behaviors in the classroom
- Poor work completion in class and infrequent homework completion
- Anger management issues and frequent conflicts with peers
- Non-compliance with authority at school and home

Integrating Individual, Interpersonal,  
and Contextual Dimensions...

## Disruptive Behaviors...

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### FBA:

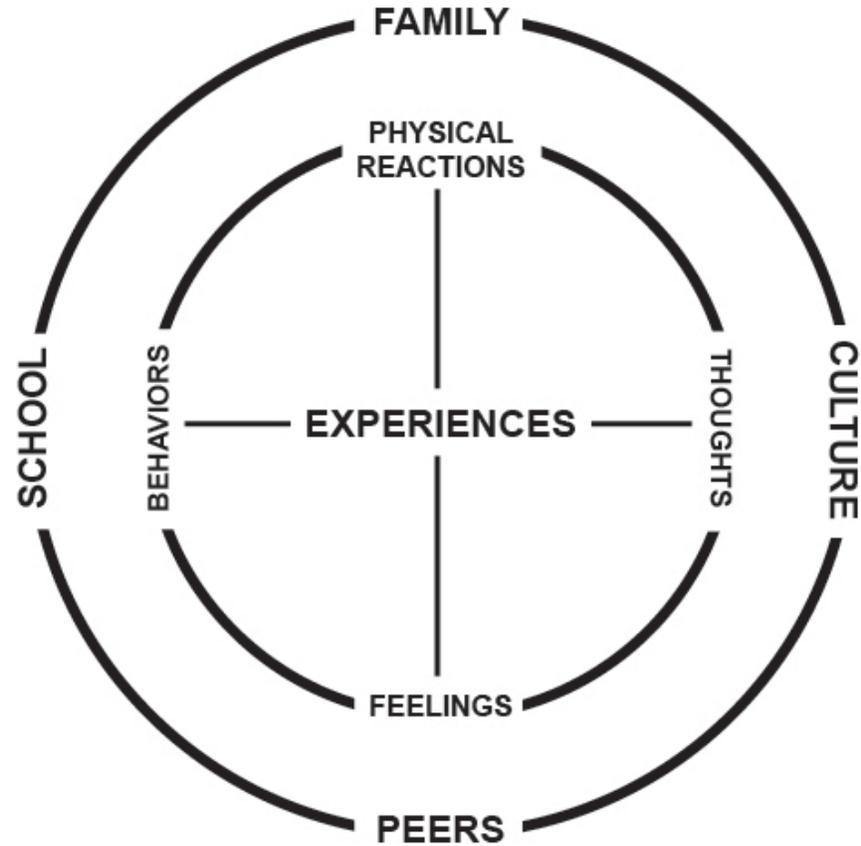
- Reinforced by attention from peers, teacher, and eventually parents
- Reinforced by work avoidance which relieved performance anxiety

### Family Assessment:

- Parents feared his getting in trouble in community (Father as child & older sib with police records) & severely restricted his social activities (which in turn limited his social skill development)
- Father underinvolved (responds with yelling, threats, and predictions of failure)
- Mother ineffective (pleads, cajoles, but gives in)

# CASE CONCEPTUALIZATION

THE SELF-UNDERSTANDING MODEL (SUM)



Adapted from Simon, D.J. (2016). *School Centered Interventions: Evidence-based Strategies for social, emotional, and academic success.* Washington DC: American Psychological Association Press.

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## Disruptive Behaviors...

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### Self-Understanding Model (SUM) Domains

#### Physical Reactions:

- Anger— tense muscles, adrenalin rush, jumpy...
- Anxiety— physical restlessness, tightness in stomach...

#### Thoughts:

- Anger -- “...not treated fairly”, “...classmates take advantage of me”, “...I can only get respect if I’m tougher...”, “they don’t like, are out to get me...”, ...
- Anxiety— “...I’m not as smart as everyone else”, “...better to not do it than to get an ‘F’”, “...I don’t want anyone to see that I can’t do it...”, ...

Integrating Individual, Interpersonal,  
and Contextual Dimensions...

## Disruptive Behaviors...

---

### SUM Domains

#### **Feelings:**

- Angry, Anxious, Frustrated, Panicked, Nervous...

#### **Behaviors:**

- Temper displays, peer conflicts, work avoidance, non-compliance, power struggles...

Integrating Individual, Interpersonal,  
and Contextual Dimensions...

## Disruptive Behaviors...

---

### Interventions addressing SUM Domains

- **Physical Reactions:** Teach self-awareness of bodily reactions and accompanying physical self-calming strategies
- **Thoughts:** Use various cognitive restructuring techniques to counter distorted attributions and propensity to negative/self-defeating self-talk
- **Feelings:** provide empathy and assist him in seeing that some feelings are exacerbated by distorted thinking and negative expectations [change thoughts to change feelings]

Integrating Individual, Interpersonal,  
and Contextual Dimensions...

## Disruptive Behaviors...

---

### Interventions addressing SUM Domains

#### Behaviors:

- Consider anger management group (i.e., Lochman & Larson's Anger Coping Program) to teach self-control, enhance general social and coping skills, and teach adaptive problem-solving --- reinforced in individual work with application of CBT coping skills for his performance anxiety
- Develop coordinated contingency contracts for classroom and home that promote compliance in areas of concern
  - Specifically address counterproductive family patterns through home-school contract
  - Provide teacher with a structured classroom intervention and monitoring plan

Integrating Individual, Interpersonal,  
and Contextual Dimensions... Disruptive Behaviors...

## School-Centered Parent Conferences to address systemic issues...

---

**Goal:** coordinated problem-solving plan that integrates and coordinates home and school efforts and supports

**Focus:** behavior change (future change not past misdeeds – “solution oriented”)

**Roles:** Parents and Teachers as Collaborators facilitated by therapist

**Vehicle:** Contingency Contracts that change adult and youth behaviors

School-Centered Parent Conferences to address systemic issues...

## Contract Negotiation

---

Goal = behavior change and interactional change

### Plan components:

- Required behavior (at home & school)
- Specific incentives or rewards (at home & school)
- Specify who does rewards (if possible, reward at home within positive family interaction)
- Timetable for review

## School-Centered Parent Conferences to address systemic issues...

### Action Summary: Written Contract

---

#### Reviews decisions and responsibilities

- Everybody leaves with assigned task
- Written behavioral contract
- Specify follow-up procedures and dates
- Give expectation of success
- Reinforce everyone for good ideas
- Set expectation that student, teacher, and parent(s) have responsibility for executing plan

## School-Centered Parent Conferences to address systemic issues...

### Case of Dan...

---

#### Goals:

- Alter family interaction pattern that contributes to problem
  - Transform underinvolved and negative father-son relationship,
  - Increase paternal supervision responsibilities,
  - Expand enjoyable shared activities
  - Change scoldings to dispassionate reinforcements in contract plan
- Establish collaborative home-school relationship
- Diminish Dan's disruptive behaviors

## School-Centered Parent Conferences to address systemic issues...

### Case of Dan...

---

#### **Contract:**

- Daily Report Card (DRC) regarding work completion & behavioral performance
- Dan shows DRC to Dad and must display completed homework
- Measured positive rewards and disciplinary consequences outlined
  - Emphasis on motivating incentives focused on earned increase in social time outside of house and special activities with father (fishing was one preferred activity)
  - Individual incentives requested by Dan, i.e., extended curfew & bedtime, allowance...

School-Centered Parent Conferences to address systemic issues...

Case of Dan...

---

Comprehensive Intervention Plan also included:

- Additional academic supports
- Enrollment in prosocial recreational programs in the community

**Total integrated intervention plan addressed individual and systemic variables -- changing classroom and family interactions improves likelihood of sustained improvement.**



**The Application of PPC Principles and Strategies  
And  
the Ecological (Systemic) Perspective  
To  
Common Symptom Profiles**

**What are the unique challenges faced by families?  
What are the effective systemic strategies to support them?**

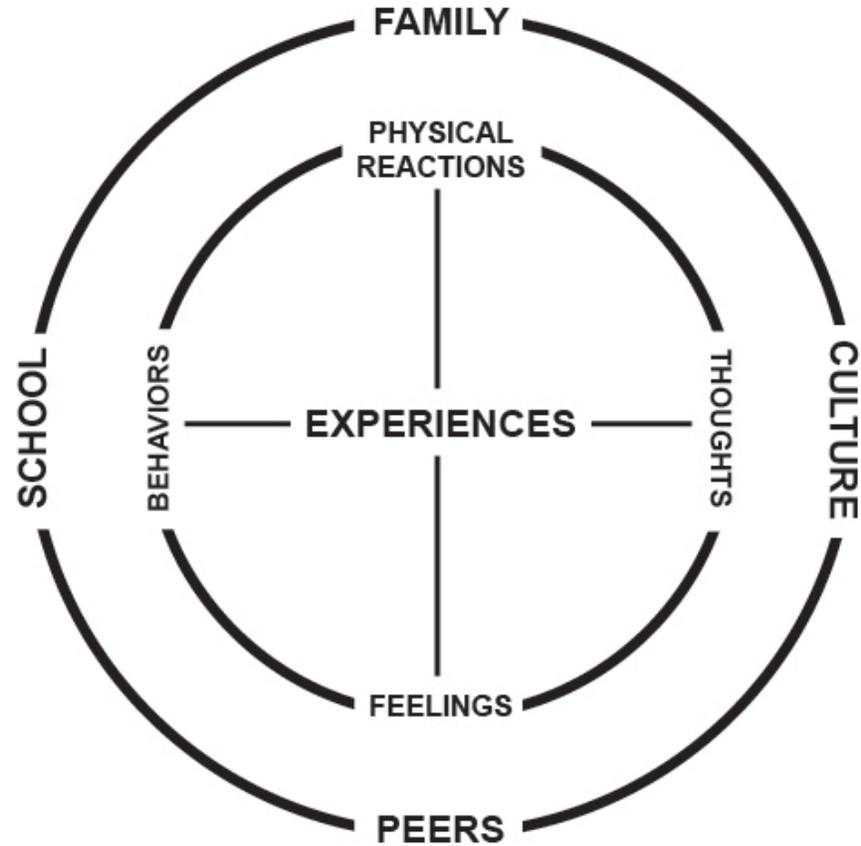
**Simon, D.J. (2016). *School-Centered Interventions: Evidence-based Strategies for Social, Emotional, and Academic Success*. American Psychological Association Press.**

# PPC Applications to Symptom Profiles: Depression

- **Incidence** -5% - but cumulative lifetime rate of up to 20% by 18 y/o
  - Mild to moderate forms much more prevalent
- **Symptoms**
  - Depressed mood
    - Negative cognitive distortions and attributions
    - Feelings of worthlessness and powerlessness
  - **SOCIAL WITHDRAWAL**
  - Sleep difficulties and chronic fatigue
  - Psychomotor agitation or retardation
  - Concentration difficulties
  - Suicidal ideation (some cases)
  - [Can have direct negative effect on academic performance – too often **hidden disorder**]

# CASE CONCEPTUALIZATION

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# Depression...

## Family Social-Developmental History

- Runs in families
  - Genetic influences
  - Negative impact on child rearing
    - Modeling
    - Reduced capacity for support
    - Less resources for managing environmental stressors
  - Exposure to similar traumas and negative events

## Depression...

### Systemic Risk Factors

- Lower levels of family cohesion and shared activities
- Abuse or neglect
- Fewer expressions of warmth
- Punitive or critical parenting style
- More frequent parent-child conflicts

# Depression...

## Evidence-based Interventions for Child and Adolescent Depression

- **Cognitive-Behavior Therapy (CBT)**
  - Addresses cognitive distortions and maladaptive thinking patterns
  - Social problem-solving experiments (*collaborative empiricism*)
  - Social, coping, & problem-solving skills training (*ACTION* [Stark], *EMOTION* [Kendall & Stark], Adolescent Coping with Depression Course [Clarke])
- **Interpersonal Therapy for Adolescents** (IPT-A [Mufson])
  - Social problem solving, family and peer conflicts
- **Dialectical Behavior Therapy (DBT)** [Miller, Linehan]
  - CBT + Family Therapy
    - Targets emotional dysregulation, distress tolerance, and social problem-solving

## Depression...PPC – Systemic Interventions

### EBI Core Systemic Strategies

- Interpersonal skills training
- Social activation
  - Includes increased shared pleasant family activities
- Increased positive reinforcement for task completion and adaptive coping
  - Emphasis on social activities as reinforcers

## Depression...PPC – Systemic Interventions...

### EBI Core Systemic Strategies...

- Direct parent-child conflict resolution
  - Teaching problem-solving approach to coping with stress
  - Coaching parents to:
    - Reduce negative communications
    - Increase recognition of strengths
    - Utilize incentive-oriented discipline strategies
    - Reinforce problem-solving approach to stress and disappointment
  
- [when necessary – referral for treatment for parental depression]

## Depression...PPC – Systemic Interventions... CASE EXAMPLE

Holly – HS Sophomore

### Referral concerns:

- Periodic suicidal ideation
- Social withdrawal
- Precipitous decline in academic performance
- Cutting behavior on arms and legs

## Depression...PPC – Systemic Interventions... CASE EXAMPLE

Holly – HS Sophomore

### Environmental stressors:

- Parental divorce during 8<sup>th</sup> grade
- Move with Mother to new community and school
  - Difficulty making friends at new school
- Maternal relationship changed from close to conflictual
  - Anger when Mom resumed dating
  - Less one-on-one time together
  - Communication dominated by Mom's disappointment in declining grades and cutting

# Depression...PPC – Systemic Interventions... CASE EXAMPLE

## INTERVENTIONS

- Structured social supports to decrease life-threatening and self-injury behaviors
  - Check in at beginning and end of day
    - Goals
      - emotional check-in
      - consistent supportive relationship with a Teacher/Counselor
      - academic assistance
  - Routine daily check-up with School Nurse
  - If cutting occurred, follow up with SP then...

## Depression...PPC – Systemic Interventions... CASE EXAMPLE

### INTERVENTIONS...

**Hypothesis** about communication intent of Holly's cutting and suicidal ideation: **Distorted form of communicating stress and anger**

**SP Support:** explores what triggers may have been and what could be direct communication or problem-solving alternative to cutting

Often was anger or disappointment with her Mother

**SP** conducts phone or video call with Mom **assisting Holly in healthier Direct Communication of feelings and problem-solving**

## Depression...PPC – Systemic Interventions... CASE EXAMPLE

- **Individual support time**

- **CBT with a relational focus**

- Counter negative self-talk & distorted personal and social appraisals
- Disrupt cycle of stress → distorted self-blame → all-or-nothing distorted thinking → self-destructive behaviors
- CBT interventions targeting each element of the **SUM Case Conceptualization** components in an integrated fashion
  - Self-instruction to relax physical tension
  - Counterthoughts to irrational distortions

## Depression...PPC – Systemic Interventions... CASE EXAMPLE

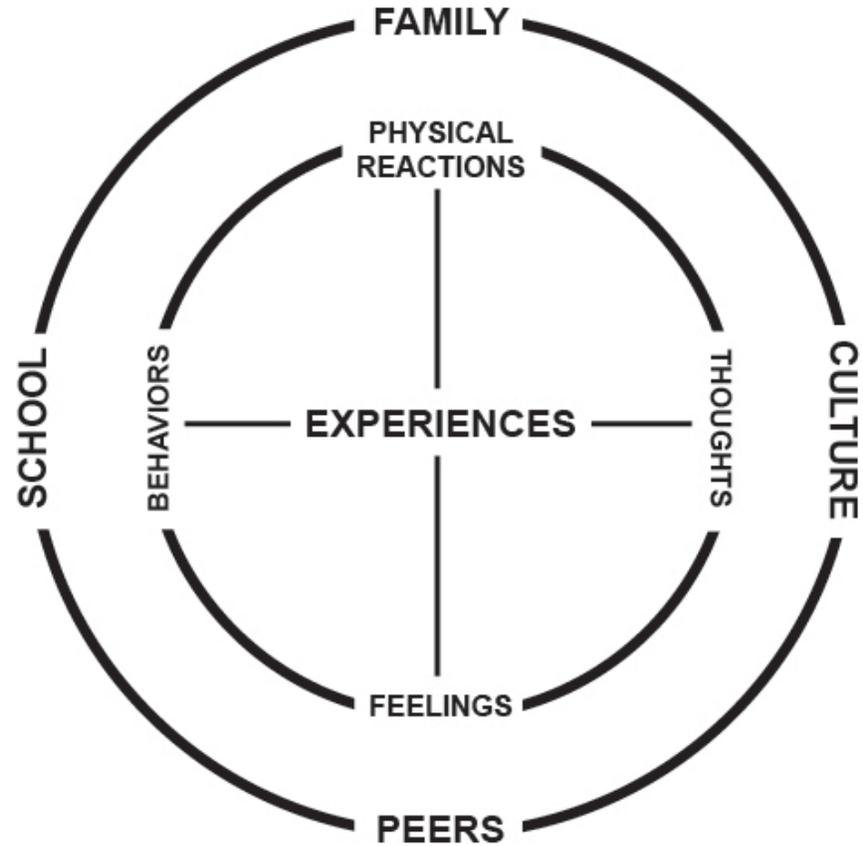
- **Systemic targets within SUM**

- Symptoms (urge to cut) as triggers to initiate positive **distracting social activity**
- Increased **scheduled social engagement** with peers
  - Became **peer tutor** in math department (area of academic strength – also strengthens self-efficacy)
  - Because of **involvement in drama program** in old community introduced to high school's technical theater director – crew participation
- Changes in character and frequency of **relationship with Mother**

**MULTIDIMENSIONAL APPROACH (INDIVIDUAL AND SYSTEM FOCUS)  
NECESSARY TO ADDRESS THE PERSON, FAMILIAL, AND PEER FACTORS  
SUSTAINING HER DEPRESSION AND CUTTING**

# CASE CONCEPTUALIZATION

THE SELF-UNDERSTANDING MODEL (SUM)



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# PPC Applications to Symptom Profiles: ADHD

Common (est. 6%) disorder directly impacting school academic and behavioral performance

- One of most researched youth disorders
- Neurobehavioral disorder...severity impacted by biological and environmental factors
- Diagnostic characteristics
  - Inattention
  - Hyperactivity-Impulsivity
  - Behavioral disinhibition
  - Executive functioning deficits

## ADHD...

### Family-Social-Developmental History Factors

- Heredity -- 40 to 57% of parents with ADHD have a child with symptoms
- Medical history
- Environmental moderators
- Developmental events that might explain or influence symptoms
- Prior attempts at addressing problems
- Comparative manifestation of symptoms at home and school
- Resources for implementing intervention strategies

**ADHD...**

**How ADHD is managed at Home and School generally key factors in terms of severity and prognosis for ADHD**

## ADHD...

- Additional assessment activities
  - Classroom observation
  - FBA
  - Behavior Rating Scales and assessment of Comorbidities
  - Semi-structured interview (McConaughy, 2022)
  - Executive Functioning measures

## ADHD...

### Common Family Issues

- Parent has ADHD and it impacts their behavior management skills
- Insufficient external structure
- Insufficient organizational supports
- Inconsistency in behavior management and academic supports
- Denial (can lead to blaming teachers, misjudgment of student's ability to control symptoms, and/or unrealistic expectations)
- → extra challenge with comorbidities like Mood Disorders or ASD...

## ADHD...

### Psychoeducation for Family....

- ADHD as **Chronic Disability**
- Describe neurobehavioral, developmental, emotional, and behavioral aspects of disorder
- **Externalize the symptom**
  - Counter self-blame by parents **or** by student
  - Analogy to medical condition like diabetes
    - **NOT RESPONSIBLE FOR HAVING ADHD BUT RESPONSIBLE FOR MANAGING IT**

## ADHD...

### Psychoeducation

- Psychoeducation includes identification of likely **multimodal** intervention and support strategies
  - **behavior management strategies**
  - **targeted personal and organizational supports**
  - **curriculum modifications**
  - **medication**
- Many require external structure and supports before they can be internalized, in most cases a **lifelong condition**

ADHD...

## Multi-modal Interventions

- Behavior Management Training
  - Intensified structure, predictability, and external supports across all critical life domains
  - More successful in environments that are highly structured, well supervised, withy more frequent prompts, and ongoing feedback for appropriate performance
  - Struggle with “rule-governed” behavior
  - **Home-School Contingency Contracts** (PPC Framework)

ADHD...

Multi-modal Interventions...

- Reinforcing the Reinforcers
- CBT linked to Point of Performance
  - Skills training isolated from school and home environments not effective
  - Difficulty with verbal mediation skills to self-regulate means cognitive treatments present diminished results

## ADHD... CASE EXAMPLE

- **5<sup>th</sup> grade male (with Special Education supports)**
  - Difficulty staying on task
  - Limited homework completion
  - Impulsive talking out, leaving seat, horseplay
  - When minimal demands – delightful and engaging
  - When removed from class for disruption, enjoyed attention, escaped work (thus being kicked out was reinforcing)

ADHD...

CASE EXAMPLE...

- **Classroom Interventions**

- Behavior point system work completion and demonstration of targeted prosocial behaviors

- Immediate rewards in school and linked to rewards at home

- Individualized Instruction Program with TA assistance

- adult attention, starting work, organizational support, shorter [not watered down] assignments, use of engaging educational software for basic skills...

- Maintain in classroom if possible – use Response Cost instead

- If removed...timeout to isolated setting with minimal adult interaction

ADHD...

CASE EXAMPLE...

- **Home Interventions**

- Similar multifaceted **contingency plan** was instituted **at home**, targeting homework completion and targeted positive home behaviors
- **Daily Report Card --- two-way** – space for home and school
  - Summarized school day, points earned, and homework
  - Home has more potential incentives
- Promote structured extracurricular activities that fit interest and ADHD profile

ADHD...

CASE EXAMPLE...

- **School Psychologist Role**

- Shape plan and **ADULT BEHAVIORS**

- Support implementation integrity

- Consult on modifications

- Reinforce the Reinforcers ---

- counter adult fatigue in plan implementation

- Individual work focused on problem-solving, organizational, self-monitoring strategies

# PPC Applications to Symptom Profiles: Pediatric Bipolar Disorder (BP) --- Systemic Concerns

## Expansive & Complex Symptom Cluster

- Severe disturbance of mood
- Rapid cycling between depressive and agitated symptoms
- Chronic irritability
- Impulsivity
- Distractibility
- Aggression
- Hypersexuality
- Either physical agitation or slowing
- Depression
- Sleep disturbance
- Suicidal thoughts

# Differential Diagnosis

## ADHD v. Bipolar

- **Most children eventually diagnosed Bipolar were first diagnosed ADHD**
- **Most children with Bipolar have comorbid ADHD (is this a separate childhood disorder in and of itself?)**
- **Some bipolar children show increase in symptoms when treated with stimulants or anti-depressants**
- **Increasing aggression & unpredictable mood swings**

## ADHD vs. Bipolar (con.)

- **Stable or continuous vs. cyclic or episodic**
- **Hyper not grandiose**
- **ADHD – angry when thwarted ---- Bipolar may be rageful without clear provocation**
- **Different affect in response to punishing reinforcers or critical feedback – Bipolar may escalate rapidly to explosion or aggression**

# Diagnostic Discrimination between Early Onset BP & ADHD

(Barbara Geller, et al., 2002)

## Key differentiating symptoms:

- Inappropriate elation
- Grandiosity
- Flight of ideas/racing thoughts
- Decreased need for sleep
- Hypersexuality

## **BP--- Systemic Concerns**

**Psychoeducation** is critical component for both parents and teachers

- Neurobehavioral disorder
- Realization that absent coping skills, sometimes student with BP does not full control
- Illness/disability perspective

## BP--- Systemic Concerns... Psychoeducation...

### BP as chronic illness

- Compromises across many years & across multiple developmental transitions
- Siblings (likely in same school) impacted too
- ***Importance of family-school coordinated interventions cannot be overstated***...long term school-centered interventions

## BP--- Systemic Concerns Psychoeducation

- Extra challenge for parents
  - Fewer support resources
  - Particularly in crises with potential for harm
- Same principles for stress management, coping skills instruction, and crisis prevention/management apply to parents and teachers

## BP--- Systemic Concerns... Psychoeducation...

Essential that everyone understands nature of BP

- Neither children nor parents are to be blamed
- Neither caused the symptoms to appear, but **TOGETHER** they share the responsibility for managing it
- Shift from guilt & blame to resolute and patient problem-solving

## BP--- Systemic Concerns... Psychoeducation...

Parents may feel embarrassment by explosive incidents at school

- **RESPONSE**

- Collaborative tone
- **Problem-solving focus**
- Brainstorm how parents & teachers can support each other
- Communicate hope for improvement

## BP--- Systemic Concerns...

EBI = Psychoeducation + CBT + FT/Systemic Interventions

- Craft home-school common responses to crises
- Stress can trigger cycling events
  - Coach parents how to
    - Manage stress in home environment
    - Recognize triggers and early signs of loss of control

## BP--- Systemic Concerns...

### Working with Families

Process family interactions in response to mood displays

- Diminish
  - Intense expressed emotion
  - Intense critical feedback loops
  - Reactive argumentative cycles
- Teach
  - Empathic responding
  - How to prompt coping skills
  - How to adopt and execute **Externalizing the Symptom** approach

## BP--- Systemic Concerns...

### Working with Families...

### Externalizing the Symptom Strategy

- Staff/Parents– recognition that much of what happens during hyperarousal is out of student's control
- Student – **distinguish illness from own person**
  - I am not a bipolar student but a student with bipolar illness
  - Stress positive features of self when not escalated
  - **Define and view symptoms as an outside agent that I must work to control and limit**

“ I am not responsible for having a bipolar disorder, but I am responsible for managing it.”

## BP--- Systemic Concerns...

### Working with Families...

## Naming the Enemy

- “Fire”, “Storm”, “Tiger”.....
- Personalize the enemy in conversation with self and others – covert self-talk, talking in our heads or under our breaths to the enemy, e.g., “I can feel that you’re here! I know what to do to stay calm. I need to...”

## **BP--- Systemic Concerns... Working with Families...**

- Cognition as a mediating variable for behavioral responses
  - Importance of attribution, locus of control, appraisal
  - Self-instruction for guiding coping skills
  - External prompts can guide self-instruction

## BP--- Systemic Concerns... Working with Families...

- Parents need to monitor own self-talk and have script for self-instruction
  - NOT – “...here we go again...there is nothing I can do...”
  - Avoid dreaded “**always**” and “**never**” words
- Parents may need help in identifying **personal supports**

**BP--- Systemic Concerns...**  
**Working with Families...**

## **MIDDLE GROUND BALANCING** (Mary Fristad)

- Avoid over or under regulating
- Choose battles

# 10 Principles for Managing a Mood Disorder

(From: Fristad and Arnold: *Raising a Moody Child*)

1. Shrug off self-blame and take action
2. Be realistic
3. Don't over- or under-regulate
4. Keep it simple
5. Be flexible
6. Choose your battles

## 10 Principles con.

7. Become expert problem solvers
8. Be good communicators
9. Name the “enemy”
10. Share the joy and the pain

## BP--- Systemic Concerns... Working with Families...

### When moods emerge

- What's **triggering**
- What might behavior escalation be **communicating**
- Embrace & apply **modulated action plan**
- **Remove stressor and audience** (if possible)
  - Designate cooling off (**timeout**) place
  - Address how to respond to **sibling needs or interference** during an outburst

## BP--- Systemic Concerns...

### Working with Families...

### Managing Suicide Risk

- Higher incidence of suicide risk in BP
  - Teach parents
    - How to recognize and respond
    - When to seek emergency assessment
      - What to expect if in ER
      - What information to share
      - How to explain child

## BP--- Systemic Concerns...

### Working with Families...

### Medications

- Psychoeducation about their role when necessary
  - Assistance not cure
  - Side effects are real
  - Balance severity of BP impact vs medication risks
  - May not need to be permanent
    - Focus on coping skills supports to prepare for weaning off meds
  - SPs must be persistent in sharing school information with MDs
    - Use modern technology – call into meds review appointments

**BP--- Systemic Concerns...  
Working with Families...**

**Community Supports**

- Importance of **school-centered interventions**
- Few families will engage in long haul treatments
- **HOWEVER,...**families need **supports when school is not in session...**particular over breaks

## BP--- Systemic Concerns...

### Working with Families...

### Long Term Supports

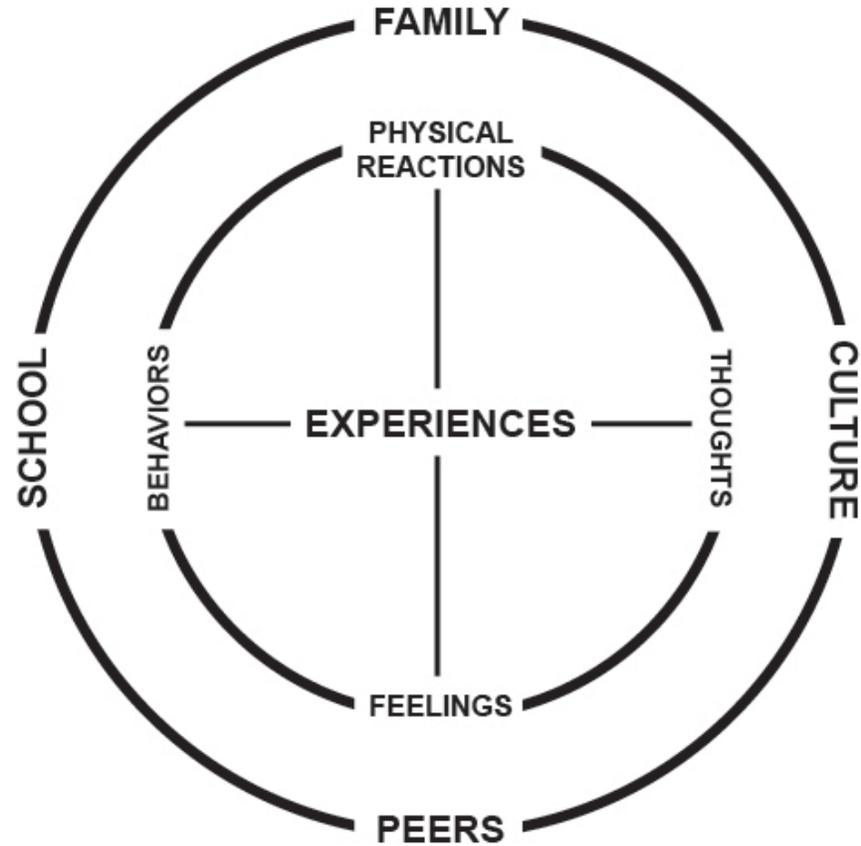
- Chronic illnesses tend to wax and wane in their impact
- **SP advantage**...can work with student and family over many years
- **Once stabilized**
  - Scheduled periodic check ups
  - Encourage parents to lead a balanced lifestyle
  - Identify extended family and other support resources
  - Re-visit particularly during major transitions

## **BP--- Systemic Concerns... Working with Families...**

- Often by default SP wind up becoming primary interventionists for students with BP
- This presentation focused on working with families
  - **EBI require thinking and intervening systemically**
- In big picture CBT (understood and reinforced by parents and teachers also necessary)

# CASE CONCEPTUALIZATION

THE SELF-UNDERSTANDING MODEL (SUM)



Adapted from Simon, D.J. (2016). *School Centered Interventions: Evidence-based Strategies for social, emotional, and academic success.* Washington DC: American Psychological Association Press.

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# Therapeutic Tasks

## Cognitive-behavioral Framework

Goal is Learning Self-control

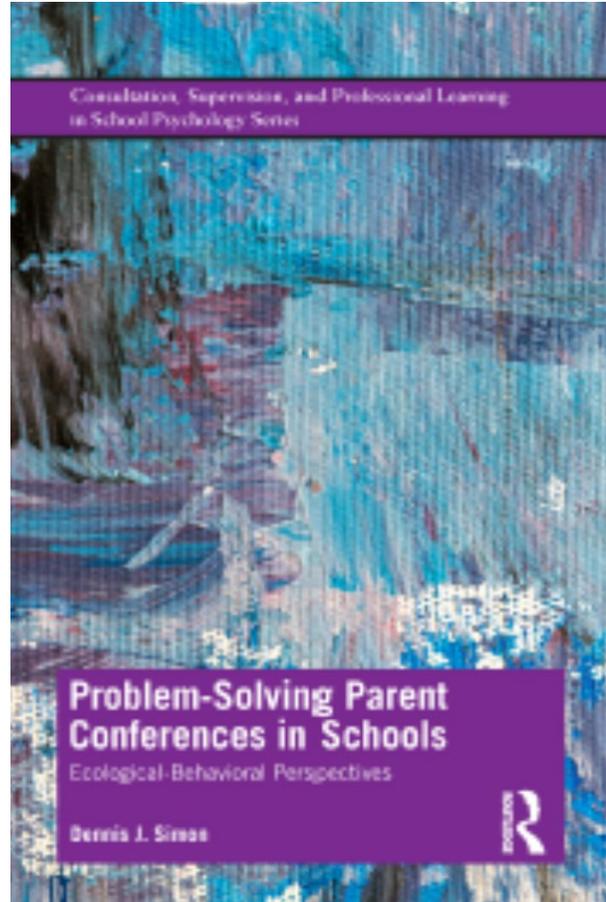
- Teach at developmentally appropriate level about Bipolar Disorder
- Guide toward self-awareness of earliest physical cue that affect or physical arousal is escalating
- Identify current counterproductive thoughts
- Explore possible personal coping strategies

# Therapeutic Tasks

## Cognitive-behavioral Framework (con.)

- Develop self-instruction protocol
- Practice recognition of internal physical signal and/or external triggers followed by self-instruction coping strategy
- Practice covert positive reinforcement for initiating coping strategies and “battling the enemy”

For complete description of PPC Model: Routledge Press (2020)



For a complete description of SUM applied to specific symptom profiles

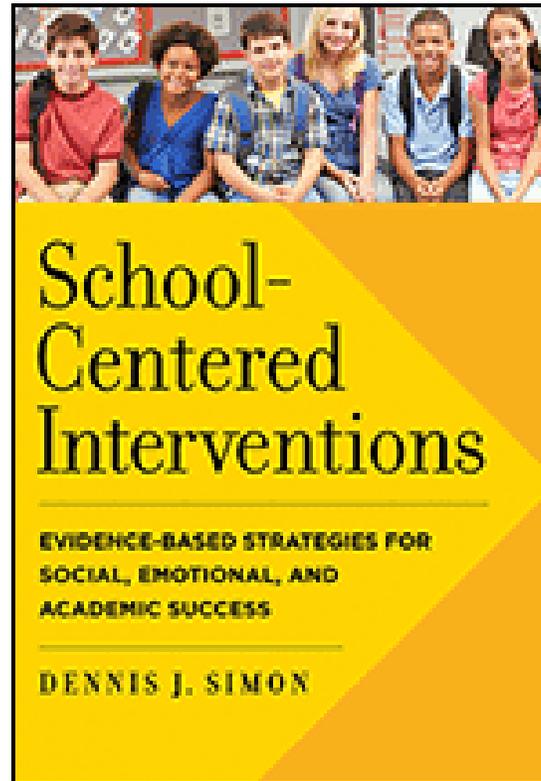




Table 12.1

Multi-Tier Systems of Support for Behavioral Health for Parents and Students

<b>Students</b>	<b>Parents</b>
<p><b>Tier 1 Universal Services</b></p> <ul style="list-style-type: none"> <li>• Universal screening</li> <li>• Programs to promote health &amp; prevent problems</li> <li>• Social Emotional Learning (SEL): social, coping, &amp; problem-solving skills training</li> <li>• Peer support programs</li> </ul>	<p><b>Tier 1 Universal Services</b></p> <ul style="list-style-type: none"> <li>• Orientation for supporting academic progress</li> <li>• Orientation to the goals &amp; methods of health promotion &amp; prevention &amp; SEL programs</li> <li>• Parent education regarding psychological development &amp; mastering developmental transitions</li> </ul>
<p><b>Tier 2 Early Intervention &amp; At-Risk Programs</b></p> <ul style="list-style-type: none"> <li>• Targeted psychological assessment</li> <li>• Crisis intervention</li> <li>• Short term counseling interventions</li> <li>• Structured support groups applying evidence-based protocols for specific symptom profiles</li> <li>• Problem-solving Parent Conferences (PPCs)</li> <li>• Referrals to community resources</li> </ul>	<p><b>Tier 2 Early Intervention &amp; At-Risk Programs</b></p> <ul style="list-style-type: none"> <li>• Parent behavior management training</li> <li>• Parent networking for prevention of antisocial behavior &amp; substance abuse</li> <li>• Crisis intervention</li> <li>• Problem-solving Parent Conferences (PPCs)</li> <li>• Referrals to community resources</li> </ul>
<p><b>Tier 3 Intense Intervention &amp; Support Services</b></p> <ul style="list-style-type: none"> <li>• Structured intense programing supports that may include special education services               <ul style="list-style-type: none"> <li>○ Coordinated support across classes targeting both academic &amp; behavioral issues</li> <li>○ Integrated individual &amp; group counseling applying evidence-based protocols</li> <li>○ Problem-solving Parent Conferences (PPCs) &amp; routinely scheduled family-school interventions</li> <li>○ Referrals to community resources</li> </ul> </li> </ul>	<p><b>Tier 3 Intense Intervention &amp; Support Services</b></p> <ul style="list-style-type: none"> <li>• Comprehensive multisystem intervention and support services               <ul style="list-style-type: none"> <li>○ Problem-solving Parent Conferences (PPCs) &amp; routinely scheduled family-school interventions</li> <li>○ Advocacy for access to &amp; then collaboration with appropriate community resources (i.e., medical, mental health, social service agencies, youth programs, &amp; child welfare &amp; legal authorities if involved)</li> <li>○ Wraparound or MST Neighborhood Partnership services if appropriate</li> </ul> </li> </ul>

Contact

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THANK YOU FOR YOUR PARTICIPATION!