Chapter 3

Options for Handling Problems

Three Plans

It's probably worthwhile to take a brief look at where we've been before we head further down the road. Focusing on lagging cognitive skills helps move intervention away from motivational explanations and toward understanding problematic interactions between a child and an adult, at least partially, as the by-product of a learning disability in the domains of flexibility/adaptability, frustration tolerance, and problem solving. This focus also helps us to identify the specific cognitive skills requiring remediation and permits us to tailor treatment to the needs of each child and his or her caretakers. By emphasizing a transactional model and incompatibility, we are explicitly assuming that the child's lagging cognitive skills only partially explain his difficulties and that pathways and triggers may well have relevance to the interaction partners with whom explosive episodes occur. Finally, by highlighting situational specificity, we are underscoring the fact that incompatibili-

ties fueling explosive episodes are highly predictable and can therefore often be addressed well in advance.

These considerations have been incorporated into a framework known previously as the three "baskets" (this term came from the early days of the CPS model in which it was felt that people might benefit from the visual metaphor of having three baskets in front of them and depositing different problems or unmet expectations into the baskets depending on how each was to be handled). What we now refer to as the "plans framework" has multifaceted applications, but we'll begin with the most basic: helping adults come to recognize their options for responding to problems or unmet expectations in their child and the manner by which these options affect both their relationship with the child and the child's behavior.

THREE PLANS

While there are myriad ways in which adults respond to problems or unmet expectations with children, the plans model places these options into three basic categories. The first option, known as "Plan A," involves the imposition of adult will . . . in other words, adults insisting that their expectations be met. This is, of course, an extremely popular option. The second option, known as "Plan B," involves engaging the child in a collaborative attempt at problem solving so as to resolve whatever concerns or factors are interfering with expectations being met (this option is far less popular but happens to be the major focus of this book). The third option, "Plan C," involves reducing or removing expectations, at least temporarily (this is a fairly popular option as well). All three can be effective responses, depending on the needs and capabilities of each child and the goals of each adult. This simple framework is the mechanism by which we help adults begin to categorize and reflect upon their own behavior and reevaluate and prioritize expectations as we work toward the goals of reducing explosive episodes, improving adult–child interactions, and training lacking cognitive skills.

By the way, one of the most common misinterpretations of the CPS model is the belief that the model requires adults to *suspend* all of their expectations. So it is important to establish early on that the CPS model carries the assumption that *adults having expectations for children is a good thing*. Naturally, the degree to which various expectations are *realistic* is often an important focus of treatment. Thus, rather than reflecting some sort of hierarchy or ranking system, each plan represents distinct options for responding *when realistic expectations are not being met*. Let's consider Plan A and Plan C in greater detail (Chapter 4 is devoted entirely to Plan B).

Plan A

When a child does not meet expectations, it is very common for adults to insist more intensively. For example, if a child were not meeting the parental expectation of brushing his or her teeth at bedtime, Plan A would involve more intensive insistence that the child brush his or her teeth. Presumably, this insistence flows from the belief that the child failed to comprehend the importance or necessity of the expectation or perhaps needed a bit of a push. In ordinary children, this imposition of adult will does not typically have major adverse ramifications, both because the child does not have an extreme reaction to the intensive insistence and because the child ultimately meets the expectation (having now comprehended its importance or registered the meaning of the little extra push).

However, in the case of explosive children—due to any or many of the cognitive factors discussed in Chapter 1—imposition of adult will (Plan A) greatly *increases* the probability of an explosive episode and therefore does have major adverse ramifications. The problem with Plan A does not lie in the fact that adults are pursuing their expectations, especially if the expectations are realistic (with "realistic" meaning that the child is already capable of meeting the expectation on a *consistent* basis). *The problem with Plan A lies in the fact that adult expectations are being pursued in a manner that greatly heightens the likelihood of explosive outbursts in certain children.* In other words, from a transactional perspective, there is incompatibility between the characteristics of a given child and the manner in which adults are pursuing their expectations.

Many adults respond to this incompatibility by *further* intensifying their application of Plan A, often by offering incentives or threatening punishment, with the aim of giving children additional motivation to respond adaptively to Plan A. According to conventional wisdom, the child's poor response to Plan A is merely a learned means of forcing adults to relent or capitulate. The adults are understandably adverse to the prospect of "giving in" to the child. Since such a mentality is fairly ingrained in American culture (but less so, we have found, in some other cultures), we find that many adults who embrace this mentality have simply never given the matter much thought or have never been exposed to a cognitive perspective on children's behavior, and therefore do not have any alternative tools in their "discipline" repertoires. The CPS model provides adults with an opportunity to give the matter more thought and question these popular assumptions, expose adults to a cognitive perspective, and help adults (1) understand that there are actually *three* options for responding to problems or unmet expectations in children, (2) recognize that

they have primarily been approaching such problems and unmet expectations with Plan A, and (3) recognize that one of the other two response options may actually be a better "fit" given the cognitive characteristics of their child.

Plan A is so habitual for many adults (including many clinicians), and so much an established and valued part of our culture, that many adults aren't even aware of when they are using Plan A. Thus, we often find that we need to provide adults with guidance to help them recognize when they are imposing their will or assuming a posture that is inherently inflexible. The following are common Plan A entry phrases: "No," "You must," You can't," and "1 . . . 2 . . . 3. . . . " In contrast to some other therapeutic modalities, *the CPS approach places no emphasis on teaching adults to execute Plan A proficiently*. Indeed, the CPS model actively aims to help adults address problems and pursue their expectations by using Plan B rather than Plan A.

Plan C

Plan C, once again, involves reducing or removing a given expectation. Plan C is highly effective at reducing a child's global level of frustration. Adults signal that they are using Plan C when they say nothing or simply convey that they do not object to a child's request or behavior (e.g., "OK"). For example, in the case of a child who is balking at brushing his teeth, Plan C would typically involve dropping the demand altogether. Note that when adults employ Plan C, the goal of reducing the likelihood of an explosive episode is achieved. However, also note that the goal of pursuing what one perceives to be an important adult expectation (the brushing of teeth) is not achieved.

We're never sure how adults are going to respond to our suggestion that some expectations be handled using Plan C. Some are relieved that someone official is giving them permission to reduce or eliminate expectations about which they themselves may have had reservations. Others fear that using Plan C means that the expectation will *never* be met (in the case of teeth brushing, this fear legitimately conjures up images of massive dental bills or toothless children). We frequently find that adults need some reassurance on the point that most of the realistic expectations temporarily being placed on the "back burner" early in treatment will find their way back into our discussions once a child's difficulties are well understood and family stability improved.

Let it be said that, under ordinary circumstances, teeth brushing is a perfectly legitimate expectation. One would not begin to ponder the importance of this expectation, and how it should be handled if unmet, unless one arrived at the conclusion that (1) there may be valid (perhaps motoric, sensory, or mood) issues interfering with the child brushing his teeth, or (2) the child is so

impaired in the domains of flexibility and frustration tolerance that, at the end of a long day, adding one more demand or frustration to the mix breaks the proverbial camel's back.

Many adults unfamiliar with the CPS model rapidly define Plan C as "giving in." Actually, the definition of "giving in" is when an adult begins handling an expectation using Plan A and then winds up using Plan C because of the child's unpleasant response. When an adult *begins* with Plan C, the adult is merely indicating that an expectation is not presently being pursued, perhaps because other expectations are higher in the hierarchy or because, given a clearer understanding of a child's difficulties, the expectation is now deemed to be unrealistic. Other adults confuse Plan C with "ignoring." The two terms are not synonymous. When employed as a behavior management tool, ignoring represents an effort to withdraw adult attention to or reinforcement for a given behavior. Once again, Plan C simply means that an adult is choosing not to pursue a given expectation.

GOALS OF INTERVENTION

As you know, with Plan B adults are attempting to engage the child in a process of working toward a mutually satisfactory resolution of adult and child concerns. We're going to forego discussion of this option—at least until the next chapter—in favor of highlighting several important points.

Because the CPS model was originally developed for the treatment of very difficult children and adolescents, the model delineates three basic goals of intervention. One goal is to dramatically *reduce the frequency, intensity, and duration of explosive episodes*. This goal can be achieved by handling many adult expectations with Plan C (explosive episodes should reduce in frequency if the expectations that were causing the outbursts are reduced or eliminated, and perhaps even in intensity as the general level of frustration in child and adult subsides). When certain pathways (primarily emotion regulation and executive skills) are involved, psychotropic medication may also be useful for achieving this goal (we think psychotropic medication is most likely to be overutilized when Plan C is underutilized and cognitive pathways are neglected). Plan B is also highly effective at reducing explosive episodes. By contrast, Plan A tends to precipitate explosive episodes.

A second goal of intervention is to help adults *pursue expectations*. Two Plans (A and B) can achieve this goal. With Plan A, adults are pursuing their expectations by imposing their will, often at the cost of inducing an explosive ep-

isode. Adults are also pursuing their expectations with Plan B, but instead of imposing their will to accomplish the mission, they are instead engaging the child in a collaborative effort to reach a mutually satisfactory solution to the problems interfering with expectations being met. The exact same expectation that can be pursued with Plan A can also be pursued with Plan B.

A third goal of intervention is to *teach cognitive skills that are lacking.* Neither Plan A nor Plan C is effective in achieving this goal. In other words, the cognitive deficits encompassed by the pathways are not effectively trained through either imposition of adult will or elimination of adult expectations. As described in the next chapter, Plan B is a highly effective means of teaching such skills. Indeed, as depicted in the graphic below, it is only Plan B that helps us achieve all three goals of intervention simultaneously: reduced explosive episodes, pursuit of adult expectations, and the teaching of lacking cognitive skills. Thus, successful implementation of Plan B—that is, helping adults and children engage in collaborative problem solving—is essential.

Goals Achieved by Each Plan

	Pursue expectations	Reduce outbursts	Teach skills
Plan A	√		
Plan C		√	
Plan B	√	√	√

Many adults overemphasize Plan A (imposition of will) prior to and early in treatment because they have yet to recognize the limitations imposed on their child by the pathways (in other words, they do not yet understand that Plan A is not well matched to their child's characteristics and needs). These adults tend to be quite focused on the legitimacy of their expectations and the future adverse ramifications on the child's development and long-term outcome if these expectations are abandoned. Typically, such adults are causing and enduring a lot of explosive episodes. These adults can be reassured on the legitimacy of their concerns ("Yes, it is important that Juan brush his teeth"), but encouraged to begin pondering whether (1) the expectation is realistic at this point in the child's development, or (2) whether there might be ways to pursue the expectation in a manner that does not cause explosive outbursts.

Overreliance on Plan A can also stem from the common misimpression that Plan A is a more efficient or faster way to pursue expectations. After all, why have a discussion with a child when you can just tell him what to do? In-

deed, Plan A is quicker on the *front end* (it is far easier to just say no than it is to try to collaborate on solutions). But Plan B is more efficient on the *back end* and over the *long haul*—that is, the time spent problem solving together is generally far less than what is required in dealing with a child who has spiraled out of control and become violent or destructive. In other words, explosive episodes (precipitated by Plan A) always consume more time than solving problems durably.

In some cases, of course, adult expectations are unrealistic and require examination. Discussions along these lines focus on whether a child's capacity to meet specific expectations is being compromised by his cognitive skill deficits. For example, let's say that we have established that shifting cognitive set is an area of vulnerability for a child. Let's say that we have also found (through our situational analysis) that a child has frequent explosive episodes during weekends. Upon further inquiry, let's say that we have learned that the child's weekend schedule is configured in a way that requires frequent shifting from one activity to another. Discussions can now center on (1) the fact that the schedule and the child's cognitive skills are poorly matched, (2) the fact that adult insistence (Plan A) is not improving the child's capacity for set shifting (but is causing many explosive episodes), and (3) that there might be a better way to pursue adult expectations without placing cognitive demands upon the child that he is currently unable to meet.

In the case of highly unstable children, the discussion about unrealistic expectations focuses less on specific cognitive skills and more on the child's general level of functioning. The goal of these discussions is to handle most expectations with Plan C, at least temporarily: "I think that under ordinary circumstances clean teeth is a reasonable expectation . . . but we are not currently operating under ordinary circumstances. I think that our most important focus at the moment is to help Billy become more stable so we don't have to admit him to an inpatient unit. So I'm thinking we might want to forego clean teeth for the time being so we don't cause unnecessary explosive episodes over things that aren't as crucial as they might seem under more stable circumstances. Once he stabilizes, we'll get back to clean teeth."

Adults who overemphasize Plan C (dropping or reducing expectations) may or may not understand the child's limitations but are quite clear about their desire to avoid explosive episodes. Such adults are probably enduring fewer explosive episodes but, having eliminated their expectations, may feel guilty and powerless. Others may energetically advocate for others to follow suit in reducing or dropping expectations, drawing criticism for having abdicated their adult responsibilities and capitulated to the child's wishes. Of

course, adults who are overemphasizing Plan C still face the same dilemma as those overemphasizing Plan A: how to pursue expectations without causing explosive outbursts.

Many adults end up sitting on both sides of the fence: they employ Plan A (and endure explosive episodes) in pursuing the expectations they feel are most important and use Plan C (and avoid explosive episodes) to dispense with expectations they feel are least important or when the child responds explosively to Plan A. Seldom do adults find this "picking your battles" state of affairs to be satisfactory, for their approach to discipline has been reduced to the unpleasant task of deciding whether pursuing specific expectations is worth the price of an explosive episode.

In many two-parent families, of course, one parent overemphasizes Plan A while the other overemphasizes Plan C. These parents, too, find their situation to be unsatisfactory, for while there is the façade of "balance" in such a scenario, the parents have yet to agree upon who their child is and what his capabilities are, and therefore whether to pursue specific expectations. Such parents argue frequently with each other; the "Plan A parent" typically accuses the "Plan C parent" of being passive and permissive, and the "Plan C parent" commonly accuses the "Plan A parent" of being overly aggressive and harsh. Of course, helping both parents execute Plan B more proficiently is likely to achieve a healthier, more unified balance and simultaneously address the incompatibilities that are giving rise to explosive episodes in the first place.

It should be obvious that while Plan C may be of significant importance early in treatment, especially with highly unstable children, ultimately Plan A and Plan C are both of extremely limited utility in the CPS treatment framework. After a quick question, we'll turn to a more comprehensive discussion of the response category on which the success of CPS hinges: Plan B.

Q & A

I'm a little confused. If you're not using Plan A, how does the child know you have an expectation?

This question highlights one of the main ways in which the CPS model is often misinterpreted, in that a lot of adults make the mistake of believing that if they simply *have* an expectation, then they must be using Plan A. In fact, the plans aren't even a consideration until an expectation isn't being met. If a child is brushing his teeth as often and as well as his parents would like, that's a *met* expectation, and the plans aren't needed. If child is doing

his homework as well and as reliably as his teachers would like, that's a *met* expectation, and the plans aren't needed. But if a child isn't meeting expectations for brushing teeth, or doing homework, or doing chores, or getting along with his classmates or siblings, those are *unmet* expectations, and now you have three options: with Plan A you're imposing your will, with Plan C you're dropping the expectation, and with Plan B you're collaboratively solving the problems and teaching the lacking skills that are interfering with the expectation being met.

Of course, how one informs (or reminds) a child of an expectation can cause an explosive outburst before one has the chance to use any plan. Tone will be an important issue here but, as you might imagine, "Get your butt in that kitchen and do the dishes" would be a fairly inflammatory way to express an expectation, whereas "Don't forget about the dishes" would be closer to the mark.

I just want to make sure I'm clear about something. If you're using Plan C, you're not applying it universally but only on certain problems or triggers, right?

Right. You'll be using Plan C on some triggers, Plan B on others.

So it's really possible to address unmet expectations and solve problems without using Plan A?

Not just possible . . . probable. But there's more to it than you've read so far.

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