

COLLABORATIVE PROBLEM SOLVING AS AN INTERVENTION FOR THE REDUCTION OF CHALLENGING BEHAVIOR: INTRODUCTION AND EVIDENCE

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Collaborative Problem Solving (CPS) was originally introduced as an approach for understanding and managing explosive, chronically inflexible children (Greene, 1998). Twenty years later, CPS has become a popular approach for managing externalizing behaviours in children and adolescents, and has a growing evidence-base supporting its efficacy in reducing oppositional, aggressive, and rule-breaking behaviours across many settings. Conventional treatments for externalizing symptoms have been based on operant theories of behaviour modification, such as behaviour charts, time-outs, point-and-level systems, quiet rooms, physical restraints, and seclusion. Over the last decade, however, the field has begun to see a movement toward alternative approaches that pose fewer risks to children and caregivers and that effectively decrease externalizing symptoms in the long term. CPS is one such approach. CPS is both a conceptual and therapeutic model, and its core philosophy is that chronic and severe externalizing behaviour is the product of lagging cognitive skills that interfere with a child's ability to comply with adults' expectations. These lagging cognitive skills may be in the areas of flexibility, emotion regulation, executive functioning, language processing, or social perception. The corresponding intervention consists of improving the child's skills, with the ultimate goal of increasing his or her ability to meet behavioral expectations. The CPS approach has now been implemented in a variety of educational and mental health treatment settings, including outpatient, inpatient, residential, juvenile justice, and school programs, and has begun to be used to unify communities of caregivers in systems of care. In this presentation, I will first briefly describe the conceptual basis for CPS and how it is used as an individual, group, and family intervention. Then I will summarize the current evidence base supporting the use of CPS across different types of organizations, including outpatient, inpatient, and residential settings; schools; and juvenile detention centers. I will conclude by addressing audience questions and concerns, and by sharing information on how to obtain additional training in the practice of CPS.

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