


**Isn't it time we stop chasing compliance  
... and start building skills?**



**Debra Ann Afarian**  
~ CEO & Founder, Helping the Behaviorally Challenging Child

**Doris Bowman, M.S. Educ/Special Education**  
~ Certified Trainer & Consultant, Bowman Consulting Group

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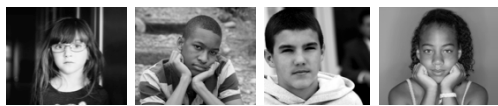
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**Collaborative Problem Solving**

**Think Differently:**  
*A New Approach to Parenting/Caregiving, Teaching  
and Treating Children with Behavioral Challenges*



**Short Intro - October 13, 2018**  
Irvine Super Saturday  
Debra Ann Afarian, Certified T:K Practitioner  
Doris Bowman, M.S., Educ/Spec Ed, Certified T:K Trainer

Think:Kids   
RETHINKING CHALLENGING KIDS

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**DISCLAIMER**

*We are both Think:Kids Certified using this  
material in collaboration with Think:Kids.*

*Many of these slides were developed by  
Think:Kids and are the property of  
Massachusetts General Hospital.*

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**Who is Debra Ann Afarian?**

16 years experience using "Collaborative Problem Solving"  
Certified, teaching and consulting for 9 years

CEO/Founder "Helping the Behaviorally Challenging Child"  
[www.hbcc.us](http://www.hbcc.us)

"Greater Orange County CHADD" ADHD Chapter Coordinator  
General, Adult, Parent & Spanish Meetings  
[www.greaterOCchadd.org](http://www.greaterOCchadd.org)

NAMI "Parents & Teachers as Allies" Facilitator  
[www.namioc.org](http://www.namioc.org)

Parent-in-the-Trenches w/two boys 22 & 24

  
**HBCC**

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Won the "Trailblazer" Award in 2011  
Won the CHADD Volunteer of the Year Award in 2016

Awarded a designated grant in September 2016 to  
purchase building in Old Town Tustin for HBCC to expand  
Coaching, Training & Therapy around Collaborative  
Problem Solving model for Social-emotional Development

HBCC is the only organization in Orange County focused  
exclusively on a system of care around Collaborative  
Problem Solving – joining the state of Oregon, parts of  
Colorado, New York, Massachusetts, North Carolina,  
Virginia, Tennessee, Kentucky, Maine, New Hampshire,  
Ontario (Ontario) Canada, and more

The Collaborative Problem Solving approach is evidence-  
based and ultimately reduces stress for parents, teachers  
and children, saves time and money!

  
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**A Little Background ...**

- Kindergarten



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## Formerly Challenging Child 2018



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### Who is Doris Bowman?

- Licensed PreK-21 Educator, Special Educator, and Administrator in Oregon
- Currently act as a Behavior Consultant for Newberg School District (SW of Portland) as well as other schools, districts and agencies
- Certified Think:Kids Collaborative Problem Solving Trainer
- Independent Consultant, Trainer & Coach in Collaborative Problem Solving and other Trauma-Informed and Neurobiologically Informed practices for educators & caregivers [www.bowmanconsultgroup.com](http://www.bowmanconsultgroup.com)
- Certified Parent Coach® by Parent Coaching Institute
- Co-Author of the children's "Easy Now" book series, starting with "Going to Bed is Easy Now" (on Amazon)

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## Meet Dr. Stuart Ablon ~

Dr. Stuart Ablon



J. Stuart Ablon, Ph.D., is the Director of ThinkKids in the Department of Psychiatry at Massachusetts General Hospital. He is also Associate Clinical Professor of Psychology in the Department of Psychiatry at Harvard Medical School. Dr. Ablon co-founded the Center for Collaborative Problem Solving where he also served as Co-Director from its inception until 2008. Dr. Ablon is co-author of *Treating Explosive Kids: The Collaborative Problem Solving Approach* and author of numerous articles, chapters and scientific papers on the process and outcome of psychosocial interventions. A dynamic and engaging speaker, Dr. Ablon was recently ranked #5 on the list of the world's top rated keynote speakers in the academic arena.

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**Meet Dr. Bruce Perry ~**

<http://childtrauma.org>

**BIO**



Dr. Perry is the Senior Fellow of *The ChildTrauma Academy*, a not-for-profit organization based in Houston, TX, and adjunct Professor in the Department of Psychiatry and Behavioral Sciences at the Feinberg School of Medicine at Northwestern University in Chicago. He serves as the inaugural Senior Fellow of the *Berry Street Childhood Institute*.

Dr. Perry is the author, along with Maia Szalavitz, of *The Boy Who Was Raised As A Dog*, a bestselling book based on his work with maltreated children, and *Born For Love: Why Empathy is Essential and Endangered*.

His most recent multimedia books, *BRIEF: Reflections on Childhood, Trauma, and Society* and *RESILIENT: Six Core Strengths for Healthy Development* were released in 2013.

Over the last thirty years, Dr. Perry has been an active teacher, clinician and researcher in children's mental health and the neurosciences holding a variety of academic positions.

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**Kids do well if they can...**

*...if they can't,  
something is getting in the way.  
We need to figure out what  
so we can help.*

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**"Kids do Well if they Can"**



What you believe about  
**WHY** a child is challenging,  
affects how you respond to that child

SO  
WHAT  
?

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## Conventional Wisdom

*The most common over-simplified understanding:*

Because of poor (passive, permissive, inconsistent) parenting, kids learn to use challenging behavior to **get things** (e.g., attention) or **escape / avoid things** (e.g., work).

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## Logical Solution

*The most common **over-simplified** solution:*

Motivate compliant behavior through intensive, consistent programs of rewards, punishments and ignoring.

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## What Consequences Do and Don't

Rewards,  
Punishments  
and  
Ignoring

→ **DO:**  
Teach basic lessons & provide external motivation

→ **DON'T:**  
Teach complex thinking skills, build relationships, help kids stay regulated

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**Why Traditional Discipline Doesn't Work with our Most Challenging Kids:**

Conventional wisdom is wrong!  
*(Conventional wisdom being the belief that consequences/punishments can build complex neurocognitive thinking skills)*

Challenging kids lack *skill* not will

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**Unconventional Wisdom: It's a Learning Disability**

- Research in neurosciences has shown these kids are delayed in the development of crucial skills or have significant difficulty applying these skills when they are most needed

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**Skill not Will**

- Lack of Compliance Happens When...
  - A child is presented with a situation or expectation they lack the thinking skills to manage well
- It Takes Two to Tango: Challenging behavior happens when...
  - a **skills deficit** gets paired with an **expectation/trigger** requiring those skills
  - an **expectation** is pursued when there is a **skills deficit** (not a safety issue)

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## Logical Intervention

Treat challenging behavior like you would any other learning disability:

- **Assess** which skills are lagging
- Make a **Plan**
- **Intervene** - Use a different approach to teach those skills in increments the kid can handle

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## Phases of Approach

1. **Assessment:** identify the specific *problems to be solved* and *lagging thinking skills precipitating the challenging behavior*
2. **Planning:** Know your options for responding to these problems and what each option accomplishes
3. **Intervention:** Solve problems while building skills, confidence and relationships

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## Assessment

**Goal of assessment is to create 3 lists:**

1. **Challenging behaviors**
  - The behavior you want to change
2. **Problems to be solved**
  - The situations in which the child is challenging
3. **Lagging skills**
  - Reasons why the child is challenging

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## Research on Lagging Skills

**Challenging behavior is linked with deficits in the following areas of neurocognitive skill:**

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



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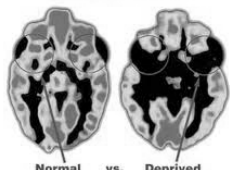
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## What causes lagging skills?

Chronic, overwhelming stress and trauma arrests brain development which manifests itself as lagging skills

**Toddlers' Brains**



Normal vs. Deprived

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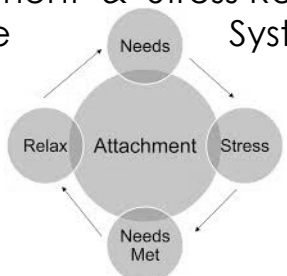
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## Attachment & Stress Response Cycle



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**WHAT ARE THEY?**

**ACEs are**  
ADVERSE CHILDHOOD EXPERIENCES

The three types of ACEs include

| ABUSE     | NEGLECT   | HOUSEHOLD DYSFUNCTION |                 |
|-----------|-----------|-----------------------|-----------------|
| Physical  | Physical  | Mental Illness        | Substance Abuse |
| Emotional | Emotional | Mother-headed family  | Divorce         |
| Sexual    |           |                       |                 |

**HOW PREVALENT ARE ACEs?**      **WHAT IMPACT DO ACEs HAVE?**

**Read more at: [www.acestoohigh.com](http://www.acestoohigh.com)**

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**Prevalence of Trauma in Students**

**Washington School Classroom (30 Students)**  
Adverse Childhood Experiences (ACEs)

13 of every 30 students in a classroom will have toxic stress from 3 or more Adverse Childhood Experiences (ACEs)

|                                |  |
|--------------------------------|--|
| 6 students with no ACEs        | 14% (7) students with no exposure to physical abuse or adult to adult violence |
| 5 students with 1 ACE          | 17% (10) students exposed to physical abuse or adult to adult violence         |
| 6 students with 2 ACEs         | 20% (12) of students exposed to physical abuse or adult to adult violence      |
| 3 students with 3 ACEs         | 10% (6) of students exposed to physical abuse or adult to adult violence       |
| 7 students with 4 or 5 ACEs    | 23% (14) of students exposed to physical abuse or adult to adult violence      |
| 2 students with 6 or more ACEs |  |

Source: Washington State Family Policy Council

**NATIONAL COUNCIL FOR BEHAVIORAL HEALTH** @NATIONALCOUNCIL

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Dr Bruce Perry, a pioneering neuroscientist in the field of trauma, has shown us that to help a vulnerable child to learn, think and reflect, we need to intervene in a simple sequence.

**Reason**

Third: We can support the child to reflect, learn, remember, articulate and become self-assured.

**Relate**

Second: We must relate and connect with the child through an attuned and sensitive relationship.

**Regulate**

First: We must help the child to regulate and calm their fight/flight/freeze responses.

**:Kids**  
LEARNING KIDS

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### Phases of Approach

1. **Assessment:** identify the *problems to be solved* and *lagging thinking skills* precipitating the challenging behavior
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3. **Intervention:** Solve problems while building skills, confidence and relationships

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### Functional Analysis of Cognition vs. Behavior

CPSConventional Wisdom

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### Goals of Intervention

1. Pursue high priority expectations
2. Reduce challenging behavior
3. Solve chronic problems durably
4. Build skills, confidence (*ie, intrinsic motivation, competence*)
5. Create (or restore) a helping relationship

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## Three Plans

*(Your Options for responding to Triggers/Unmet Expectations)*

**Plan A:** Impose adult will

**Plan B:** Solve the problem collaboratively (side-by-side)

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

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## Goals Pursued by Plans

| GOALS                           | PLAN A | PLAN C | PLAN B |
|---------------------------------|--------|--------|--------|
| Try to get your expectation met | ✓      |        | ✓      |
| Reduce challenging behavior     |        | ✓      | ✓      |
| Build skills, confidence        |        |        | ✓      |
| Solve problems                  |        |        | ✓      |
| Build relationship              |        |        | ✓      |

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## Phases of Approach

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## Plan B Ingredients

1. **EMPATHIZE:** Clarify child concern/perspective
2. **SHARE:** adult concern
3. **COLLABORATE:** Brainstorm, assess and choose solution

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## Plan B = Skills Built (not just steps...)

1. **EMPATHIZE: Clarify child concern**  
Identifying, clarifying and expressing concerns, regulating emotions
2. **SHARE adult concern**  
Perspective-taking, recognizing impact on others, empathy
3. **COLLABORATE: Brainstorm, assess and choose solution**  
Generating solutions, reflecting on multiple thoughts, considering outcomes, moving off original idea

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## The Neurobiologic Sequence of Plan B

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### CPS is Trauma Informed Care

Sequence of Engagement

*Efficient Distribution of Primary Regulatory Networks*

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### Summary of Research Findings

*(Pollastri, Epstein, Heath, & Ablon, 2013)*

**Schools**

- **dramatic reductions in:**
  - problem behavior
  - teacher stress,
  - office referrals,
  - minutes spent out of class,
  - suspensions,
  - alternative placements,
  - truancy,
  - physical restraints,
  - seclusions and injuries
- **significant improvements in**
  - behavioral regulation,
  - emotional control and
  - family participation
- **demonstrated in multiple studies across school programs in four states**

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### CPS in New York City Public Schools

Fall 2013: 5,200 NYPD school safety officers received introductory exposure to CPS:

Data from 2013-2014 school year (compared to 2012-2013 school year):

- **58% decline in arrests made in school**
- **67% decline in summonses issued in school**
- **20% decrease in reports of major crimes**
- **39% decrease in reports of violent crimes**

- As a result, the NYPD has now asked for CPS training for all officers to a Tier 1 level, and to train all new recruits moving forward.
- The NYC Public Schools is implementing CPS training across their district for all staff in all schools.

MASSACHUSETTS  
GENERAL HOSPITAL

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**Reed Langdon** <langdonr@newberg.k12.or.us> to me Wed, Jun 6, 9:35 AM ☆

Hey Doris,

I can't give you end of the year data yet. I've got a bunch of data entry do. I can give you midyear this that might help.

16/17 school year 249 office discipline referrals between September 1 and February 1

17/18 School Year 86 Office Discipline Referrals between September 1 and February 1

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**From a local OC Non-Public School** **Think:Kids**  
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School Years

|           |       |
|-----------|-------|
| 2016-2017 | 1,345 |
| 2017-2018 | 830   |

From beginning of school year to New Year

|   |     |
|---|-----|
| First Day of School Aug. 2016 -Jan. 1, 2017 | 418 |
| First Day of School Aug. 2017 -Jan. 1, 2018 | 259 |

From New year to the end of school year

|  |     |
|--|-----|
| Jan 1, 2017 – June 2017 (last day of school) | 922 |
| Jan 1, 2018 – June 2018 (last day of school) | 418 |

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## What about the Parents?



**Day, Evening & Saturday Courses**  
 Thurs, 7-9pm, 9/20, 9/27, 10/4, 10/11  
 Sat, 1pm-3pm, 10/20, 10/27, 11/3, 11/10  
 Tues, 10am-Noon, 1/22, 1/29, 2/5, 2/12, 2019

**Heart 4 Kids Coaching, Training & Therapy Center**  
 145 W. Main Street, Suite 260, Tustin, CA 92780

*Debra Ann's life experiences combined with an extensive education on the social-emotional models, community involvement, and contact with families, professionals and educators gives her a unique perspective and insight into the challenges faced helping complex children with difficult-to-manage behaviors. In addition to having been a challenging child herself, she has first-hand experience of how challenging behaviors in students and children are currently thought of by many adults. Debra Ann has developed strength and experience for breaking that cycle and her passion is to make sure that misconceptions and lack of treatment do not continue to be barriers to maximizing ALL children's potential. Married since 1989 they have two boys, one 22 neurotypical & one 24 a former challenging child.*

Instructor:  
**Debra Ann Afarian**  
 Founder | CEO  
 Helping the Behaviorally Challenging Child  
 Certified T:K Practitioner  
 Collaborative Problem Solving

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**Join us Feb 2019!** **Think:Kids**  
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**Tier 1 Training  
 Collaborative Problem Solving**

An Innovative Trauma-Informed Approach for Teaching, Treating & Parenting/  
 Caregiving Kids (and Adults) with Challenging Behavior

**CPS Tier 1**  
 --- Coming in Early 2019 ---  
 145 W. Main St., Tustin, CA  
 HBCC - Suite 260



**Stop chasing compliance...  
 and start building skills!!**

**Who should attend?**

- ✓ Educators & Childcare Providers
- ✓ Mental Health & Healthcare Providers
- ✓ Parents & Caregivers

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**Training Details:**  
 Details: Day 1 - 8:30a - 4:30p  
 Day 2 - 8:30a - 4:30p  
 Day 3 - 8:30a - 3:30p

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**Helping the Behaviorally  
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 714.695.1057 ~ [www.hbcc.us](http://www.hbcc.us)

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Bowman Consulting Group Training Calendar:  
[www.bowmanconsultgroup.com](http://www.bowmanconsultgroup.com)  
 Choose "Upcoming Training"  
[doris@bowmanconsultgroup.com](mailto:doris@bowmanconsultgroup.com) ~ 503-896-6780

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