



Clinician Treatment Guide (Rev. 11/09 © MGH)

Instructions: Below you will find a description of the focus and goals of a typical outpatient therapy process in the recommended sequence. Of course, this outline is only intended to be used as a guide. The actual speed at which treatment progresses and the sequence of intervention itself will vary considerably according to many variables specific to the particular child and family with whom you are working.

Initial Assessment

Initial meeting with parent(s)

1. Ask for examples of several recent challenging episodes in order to identify specific common triggers / problems to be solved and begin to hypothesize about specific lagging skills found on the Thinking Skills Inventory (TSI)
2. Complete situational analysis to identify other triggers / problems to be solved which can be listed on the TSI
3. Using the TSI as a guide, ask direct questions about potential skill deficits in areas that appear to explain why the child struggles with the specific types of situations you have identified above
4. Ask direct questions about other skill domains that may not have been discussed (again use TSI as a guide)
5. Gather additional information about:
 - a. Family history of mental illness and whether the child reminds them of anyone in the family
 - b. Treatment history (pharmacological and psychosocial)
 - c. Relevant medical history
 - d. Marital and sibling issues
 - e. Family stressors
 - f. History of parent interactions with school
 - g. How parent(s) understand and explain their child's challenging behavior
 - h. Parental approach to responding to behavioral difficulties

Initial meeting with child:

1. Inquire as to child's understanding of reason for seeing you
2. Emphasize family unit as the identified patient
3. Probe for recent triggers / problems to be solved from child's perspective
4. Gather information about child's concerns / perspective on problems raised by parent(s)

5. Inquire directly about specific skills that you are hypothesizing might be difficult for the child
6. Present initial formulation to the child of the problems resulting from skill deficits and difficulty in problem solving in the family (as opposed to motivational explanations)
7. Counter conventional explanations for their behavior; suggest alternative view and need for a different approach
8. Provide a description of what the approach entails: helping them and their parent(s) solve problems together in ways that they are all satisfied with
9. Explain what you want to talk about next with their parent(s)

Formulation / Shifting Mindsets

Follow-up meeting with parent(s):

1. Present caveat that your assessment is based on initial impressions/working hypotheses and that assessment will be a continuous and ongoing part of treatment
2. Suggest that challenging behavior is tied to predictable triggers and problems to be solved
3. Present formulation to parent(s) about lagging skills (i.e., learning disability)
4. Assess initial reactions, questions and provide clarification
5. List triggers / problems to be solved
6. Explain why conventional explanation are probably not accurate and as a result why conventional approaches may not be effective
7. Introduce ideas behind the model (philosophy and new way of thinking)
8. Leave session with optimism based upon your conceptualization of the family's strengths and with reassurance that things can improve but that it will take time

Introducing Plans

Meeting with parent(s):

1. Review initial meeting and seek reactions and questions
2. Understand and troubleshoot early reluctance / resistance
3. Review limitations of conventional approaches
4. Introduce goals of approach and the three options: Plans
5. Teach specifics of each Plan and discuss goals pursued by each Plan
6. Teach subtypes of Plan B with emphasis on Proactive Plan B
7. Teach ingredients to Plan B and role-play an example
8. Help prioritize triggers: decide which problems to solve first and which to drop for now
9. Help parent(s) drill down on their specific concerns regarding these triggers to prepare them to do Plan B with their child
10. Decide who will have conversation with the child, when, and where
11. Remind parent(s) that Plan B is hard and takes time and practice

Troubleshooting Plan B

Meeting with parent(s):

1. Review events of past week – how did initial attempts at Plan B go over the last week
2. Troubleshoot common missteps in Plan B and provide reassurance and encouragement while informally assessing parental lagging skills
3. Decide whether to revisit the problem they tried working on at home or whether to take on a new problem
4. Practice how discussion would go with parent(s) before bringing child into session

Meeting with child and parent(s) together:

1. Discuss problem to be solved with the child
2. Practice Plan B in office with clinician helping as much or as little as needed (scaffolding)
3. Observe factors interfering with Plan B being successful
4. Provide feedback and facilitation
5. Therapist can structure future practice in different ways:
 - a. Parent and child practicing with therapist observing.
 - b. Therapist and one party practicing with the other party observing.
 - c. Therapist and one party practicing with the other party out of the room.

Note: The clinician needs to use judgment as to which option is the best fit for the family and the problem to be solved at that time. This may require some experimentation and the need to toggle between options as the process unfolds

Ongoing Treatment

1. Observe and explain factors interfering with successful Plan B
2. Make a plan for addressing those factors
3. Continue to practice Plan B
4. Evaluate need (if any) for other interventions (e.g., medicine, individual or couples therapy, school consultation, neuropsychological evaluation)

Note: Determining who should come to each session and whom you will meet with when during each session should be guided by the goals of the specific meeting. The participants will vary based upon whether you are focusing on, for example, relationship building with child, understanding parental concerns better, tackling resistance, practicing Plan B etc.