

Screening Tool

Modified Overt Aggression Scale (MOAS)

- <https://depts.washington.edu/dbpeds/Screening%20Tools/Modified-Overt-Aggression-Scale-MOAS.pdf>

Books and Recommended Resources

The Explosive Child by Ross Greene, PhD

- <https://drrossgreene.com/the-explosive-child.htm>

Overcoming Oppositional Defiant Disorder by Gina Atencio-MacLean PsyD

- <https://ginamaclean.com/books/>

The Defiant Child: A Parent's Guide To Oppositional Defiant Disorder by Douglas Riley PhD

- <http://drdouglasriley.com/bookstore.php>

University of Washington Medicine: *Parent Management Training Resources*

- https://depts.washington.edu/uwhatc/PDF/TF-%20CBT/pages/positive_parenting.html

Below adapted from *Treating Explosive Kids: The Collaborative Problem-Solving Approach* by Ross W. Greene and J. Stuart Ablon

<https://www.additudemag.com/how-to-deal-with-an-explosive-child-tips/>

Core Tenants of Collaborative Problem Solving (CPS)

- 1) Compliance can be understood as one of many developmental expressions of four fundamental skills or capacities
 - a. Flexibility
 - b. Adaptability
 - c. Frustration Tolerance
 - d. Problem Solving
- 2) Identifying specific cognitive factors contributing to the development of youth's noncompliance and explosiveness.
- 3) Cognitive factors are clustered into 5 distinct pathways resulting in explosive behavior.
- 4) Youth's difficulties are not due to a deficit in motivation or to adult ineptitude, but rather to a deficit in cognitive skills.
- 5) Incentive-based programs are unlikely to produce sustained and satisfactory results because they do not train lacking cognitive skills.
- 6) Once pathways and triggers have been identified, explosive episodes become highly predictable.
- 7) Intervention is shifted away from consequences (reactive) to antecedent events (proactive).

Pathways Inventory

Executive skills

- Difficulty handling transitions, shifting from one mindset or task to another adapting to new circumstances or rules
- Poor sense of time/difficulty doing things in a logical or prescribed order
- Disorganized/difficulty staying on topic, sorting through thoughts, or keeping track of things
- Difficulty considering the likely outcomes or consequences of actions (impulsive)
- Difficulty considering a range of solutions to a problem

Language-processing skills

- Often has difficulty expressing thoughts, needs, or concerns in words
- Often appears not to have understood what was said
- Long delays before responding to questions
- Difficulty knowing or saying how he/she feels

Emotion regulation skills

- Difficulty staying calm enough to think rationally (when frustrated)
- Cranky, grouchy, grumpy, irritable (outside the context of frustration)
- Sad, fatigued, tired, low energy
- Anxious, nervous, worried, fearful

Cognitive flexibility skills

- Concrete, black-and-white, thinker; often takes things literally
- Insistence on sticking with rules, routine, original plan
- Does poorly in circumstances of unpredictability, ambiguity, uncertainty
- Difficulty shifting from original idea or solution; possibly perseverative or obsessive
- Difficulty appreciating another person's perspective or point-of-view
- Doesn't take into account situational factors that would suggest the need to adjust a plan of action
- Inflexible, inaccurate interpretations/cognitive distortions or biases (e.g., "Everyone's out to get me," "Nobody likes me," "You always blame me," "It's not fair," "I'm stupid," "Things will never work out for me")

Social skills

- Difficulty attending to or misreading of social cues/poor perception of social nuances/difficulty recognizing nonverbal social cues
- Lacks basic social skills (how to start a conversation, how to enter a group, how to connect with people)
- Seeks the attention of others in inappropriate ways; seems to lack the skills to seek attention in an adaptive fashion
- Seems unaware of how behavior is affecting other people; is surprised by others' responses to his/her behavior
- Lacks empathy; appears not to care about how behavior is affecting others or reactions

- Poor sense of how s/he is coming across or being perceived by others
- Inaccurate self-perception

Situational Analysis

- Guided inquiry with family to examine pathways and triggers that tend to precipitate explosive episodes.
- Working hypotheses are developed with a consensus agreement about treatment goals and targeted interventions.

Three Plans

Plan A: Adults insist that expectations are met through the imposition of adult will.

Plan B: Engaging the child in a collaborative process of problem solving so to resolve whatever concerns or factors are interfering with expectations being met.

Plan C: Reducing or removing expectations, at least temporarily.

Goals Achieved By Each Plan

	Pursue Expectations	Reduce Outbursts	Teach Skills
Plan A	x		
Plan C		x	
Plan B	x	x	x

Plan B Basics

- Initially, adults serve as *surrogate frontal lobe* to model and teach the crucial skills of *flexibility, frustration tolerance, and problem solving*.
- Plan B discussions should occur proactively prior to an explosive episode while both parties are calm.
- Concerns of both parties should be clearly defined and entered into consideration.
- It is crucial to entertain the wide range of possible solutions that could address both sets of concerns.
- Pathways are skills that need to be trained (**Skill-Focused Plan B**).
- Triggers are problems that have yet to be solved (**Problem-Focused Plan B**).

Essential Ingredients

- 1) Empathy
 - Child's concern is *identified, articulated, and specific*.
- 2) Define the problem
 - Adult enters their *specific* concerns into consideration.
- 3) Invitation
 - *Collaboratively* brainstorm ideas for solving the problem in a way that is *feasible and mutually satisfactory*.