Collaborative Problem Solving: Final Outcomes Report
PDAG-860 Group Professional Development Award

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Executive Summary

The Ottawa community was provided an opportunity, by the Provincial Centre of Excellence for Child and Youth Mental Health, to be trained at the Collaborative Problem Solving Institute in Boston in August 2008. This training has resulted in the 5 organizations using a consistent and similar approach to treatment and case review, when providing services to their respective clients/patients. In particular, Crossroads Children’s Centre, Youth Services Bureau, Roberts/Smart Centre, Coordinated Access and the Children’s Hospital of Eastern Ontario each have begun to implement this model within their organization. This grant has also resulted in the development of a Community of Practice in the Ottawa area specific to the CPS model and service provision.

Each participant attended a 3 day intensive training (24 hours) specific to the model of supervision (CPS). As well, they spent approximately 8 hours reviewing the clinical manual independently in advance of the training so that they would have a comprehensive understanding of the framework, values and philosophy inherent in CPS. The classroom training was followed by 43 hours of video/teleconference conference. In total, each participant had the opportunity to be part of 75 hours of direct training in the Collaborative Problem Solving approach.

Collaborative Problem Solving

The Collaborative Problem Solving model sets forth two major tenets: first, that social, emotional, and behavioral challenges in kids are best understood as the byproduct of lagging cognitive skills (rather than, for example, as attention-seeking, manipulative, limit-testing, or a sign of poor motivation); and second, that these challenges are best addressed by resolving the problems that are setting the stage for challenging behavior in a collaborative manner (rather than through reward and punishment programs and intensive imposition of adult will).1 Using this model for review of cases and the provision of treatment marks a major shift across each organization in terms of our typical approach to providing treatment services.

Stated Goals and Objectives

1. The proposed group training will enhance the capacity of the Ottawa community to work in partnership and in a consistent manner in an effort to plan and provide services for the consumers of children’s mental health in this region.

A partnership of the original 5 organizations has been firmly developed and includes a weekly meeting with Dr. Stuart Ablon from the Collaborative Problem Solving Institute. Each organization is in the process of implementing this model in their respective agency and has been using the approach for case review and supervision purposes. As well, the partnership has expanded recently and has included the Cornwall Hospital.

2. Each organization sending a representative to this training opportunity will be able to work with their respective organization to train their teams in the use of the Collaborative Problem Solving Approach.

Training has occurred at each site involved in the original training and will be extended in the near future by including new representatives from other organizations in the Ottawa area that have an interest in this model.

3. As well, each organization will have the capacity to consult and learn further from bi-weekly training provided by the CPS.

We have had the opportunity to participate in video/teleconference weekly over the past several months with Dr. Stuart Ablon. This has helped each organization implement the CPS approach in their respective organizations.

Knowledge Exchange

The participants have been able to use the knowledge they have gained from this training opportunity in each of their respective organizations. Training has been provided to staff in all 5 agencies involved in this community of practice and ongoing video/teleconferences continue to occur on a weekly basis. Two further days of training will be provided on Feb 12 and 13, 2009 to approximately 60 staff and will be followed later in April with an overview of the project and its benefits to the Regional Day Treatment Day. It is hoped that we will be able to provide a workshop presentation in the future at Children’s Mental Health Ontario and are currently working on a project logic model to upload to the Crossroads Children’s Centre website.
Conclusion

The training opportunity has enabled the Ottawa service providers involved in the grant an opportunity to create a Community of Practice (CoP). This CoP has proven to make services more consistent across organizations and has allowed the partners to work together in ensuring more smooth and seamless transitions between organizations. As well, participants are reviewing cases using common language and are better equipping clients will skills they will require in the future.

It is hoped that in 2009, these same participants will be successful in achieving new funding to attend the advanced level train the trainer training. This will further the efforts of the CoP in addressing children’s mental health needs in a consistent and evidence based manner.