

Steps in Problem Solving

Step 1: Problem Signs

Step 2: Stop and Think

Step 3: Problem Identification

Step 4: Gathering Information

Step 5: Brainstorming Alternatives

**Step 6: Evaluating Consequences
and Outcomes**

**Remember to check for Thinking Errors
at each step!**

Thinking Errors

Name _____ Date _____

Identify the following statements as Self-Centered (S), Assuming the Worst (A), Blaming Others (B), Minimizing (M), or Expecting Hostility (E).

- _____ 1. I'm cold. I'm just going to take this coat on the coat rack.
- _____ 2. What fool left \$20 on the table? It's mine now!
- _____ 3. There's no point in studying for the test. I'm going to fail anyway.
- _____ 4. "What are you looking at? You got a problem with me?"
- _____ 5. I broke her cell phone. Her parents are rich; they'll just buy her a new one.
- _____ 6. The kid looked so stupid, I ripped him off.
- _____ 7. I pushed him, but he isn't really that hurt. No big deal.
- _____ 8. It's my social worker's fault I'm here. She wrote a bad report.
- _____ 9. I'm late, so why go home now? I'll be grounded anyway.
- _____ 10. I steal DVDs because I've got to have something to watch, don't I?
- _____ 11. He's going to fire me because I just broke up with his daughter.
- _____ 12. I'm pregnant. My dad's going to lay a beating on me.

Problem-Solving Worksheet 1: Problems and Thinking Errors

Name _____ Date _____

Read the following problem situation.

You have promised your father that you will clean the storage area together with him this afternoon. On the way home from school you start talking with your friends and only arrive home for supper. You are surprised when you arrive home and your father is upset with you.

What is the problem?

Circle the **Thinking Error(s)**:

Self-Centered

Minimizing

Blaming Others

Assuming the Worst

Expecting Hostility

Describe a problem you have had lately.

Circle the **Thinking Error(s)**:

Self-Centered

Minimizing

Blaming Others

Assuming the Worst

Expecting Hostility

Problem-Solving Worksheet 2: Problem Signs/Stop and Think

Name _____ Date _____

Read the following problem situation.

You were at the hairdresser last night. She cut your hair shorter than you wanted. You walk into the class and everyone laughs. Your face gets hot, and you are embarrassed.

What is the problem?

What are your **Problem Signs**?

Physical: _____

Emotional: _____

When should you take a deep breath and **Stop and Think**? _____

Circle the **Thinking Error(s)**:

Self-Centered

Minimizing

Blaming Others

Assuming the Worst

Expecting Hostility

Describe a problem you have or have had lately.

What is the problem?

What are your **Problem Signs**?

Physical: _____

Emotional: _____

When should you take a deep breath and **Stop and Think**? _____

Circle the **Thinking Error(s)**:

Self-Centered

Minimizing

Blaming Others

Assuming the Worst

Expecting Hostility

Problem-Solving Worksheet 3: Problem Identification

Name _____ Date _____

Read the following problem situation.

Your younger sister is always coming in your room and bugging you. One day you give her a shove out of your room. She isn't really hurt, but you are grounded. You feel that she set you up and the punishment is unfair.

What is the problem?

What are your **Problem Signs**?

Physical: _____

Emotional: _____

When should you take a deep breath and **Stop and Think**? _____

Circle the **Thinking Error(s)**:

Self-Centered

Minimizing

Blaming Others

Assuming the Worst

Expecting Hostility

Problem Identification

What is my goal? _____

What is it I don't like? _____

What are the obstacle(s)? _____

What change do I need to make? _____

Describe a problem you have or have had lately.

What is the problem?

What are your **Problem Signs**?

Physical: _____

Emotional: _____

When should you take a deep breath and **Stop and Think**? _____

Circle the **Thinking Error(s)**:

Self-Centered

Minimizing

Blaming Others

Assuming the Worst

Expecting Hostility

Problem Identification

What is my goal? _____

What is it I don't like? _____

What are the obstacle(s)? _____

What change do I need to make? _____

Fact Versus Opinion

Identify the following as fact (F) or opinion (O).

- _____ 1. She is 18 years old! Of course she has her driver's license!
- _____ 2. Judging by how tall he is, he is a good basketball player.
- _____ 3. Insurance rates are higher for new young drivers.
- _____ 4. The picnic has been canceled due to rain.
- _____ 5. Jon's door just slammed. He must be really mad.
- _____ 6. It's all right to jaywalk because the police never fine you for that.
- _____ 7. The doctor told me to ice my ankle after spraining it.
- _____ 8. It's Thursday night. There's no way I'll have homework!
- _____ 9. I think Jennifer is going to quit school.
- _____ 10. If our team does not win this final game, we won't be in the playoffs.

Problem-Solving Worksheet 4: Gathering Information

Name _____ Date _____

Describe a problem you have or have had lately.

What is the problem?

What are your **Problem Signs**?

Physical: _____

Emotional: _____

When should you take a deep breath and **Stop and Think**? _____

Circle the **Thinking Error(s)**:

Self-Centered

Minimizing

Blaming Others

Assuming the Worst

Expecting Hostility

Problem Identification

What is my goal? _____

What is it I don't like? _____

What are the obstacle(s)? _____

What change do I need to make? _____

Gathering Information

What could/did I learn for myself? _____

What could/did I learn from others? _____

Problem-Solving Worksheet 5: Brainstorming Alternatives

Name _____ Date _____

Describe a problem you have or have had lately.

What is the problem?

What are your **Problem Signs**?

Physical: _____

Emotional: _____

When should you take a deep breath and **Stop and Think**? _____

Circle the **Thinking Error(s)**:

Self-Centered

Minimizing

Blaming Others

Assuming the Worst

Expecting Hostility

Problem Identification

What is my goal? _____

What is it I don't like? _____

What are the obstacle(s)? _____

What change do I need to make? _____

Gathering Information

What could/did I learn for myself? _____

What could/did I learn from others? _____

Brainstorming Alternatives

Suggest at least three solutions.

Problem-Solving Worksheet 6: Evaluating Consequences and Outcomes

Name _____ Date _____

Describe a problem you have or have had lately.

What is the problem? _____

What are your **Problem Signs**?

Physical: _____

Emotional: _____

When should you take a deep breath and **Stop and Think**? _____

Circle the **Thinking Error(s)**:

Self-Centered

Assuming the Worst

Blaming Others

Minimizing

Expecting Hostility

Problem Identification

What is my goal? _____

What is it I don't like? _____

What are the obstacle(s)? _____

What change do I need to make? _____

Gathering Information

What could/did I learn for myself? _____

What could/did I learn from others? _____

Brainstorming Alternatives

Suggest at least three solutions.

Evaluating Consequences and Outcomes

Circle the alternative above that you think will work best.

Why will it work? _____

Which alternatives will not work? Why not? _____

After you try it, how well did the alternative work? (*Circle one.*)

Poorly

Not so well

OK

Good

Great

Full Problem-Solving Sequence Worksheet

Name _____ Date _____

Describe a problem you have or have had lately.

What is the problem? _____

What are your **Problem Signs**?

Physical: _____

Emotional: _____

When should you take a deep breath and **Stop and Think**? _____

Circle the **Thinking Error(s)**:

Self-Centered

Assuming the Worst

Blaming Others

Minimizing

Expecting Hostility

Problem Identification

What is my goal? _____

What is it I don't like? _____

What are the obstacle(s)? _____

What change do I need to make? _____

Gathering Information

What could/did I learn for myself? _____

What could/did I learn from others? _____

Brainstorming Alternatives

Suggest at least three solutions.

Evaluating Consequences and Outcomes

Circle the alternative above that you think will work best.

Why will it work? _____

Which alternatives will not work? Why not? _____

After you try it, how well did the alternative work? (*Circle one.*)

Poorly

Not so well

OK

Good

Great

Problem-Solving Training Facilitator's Evaluation Form

Facilitators _____

Date _____ Session no. _____

	YES	NO	N/A
1. If there were issues from the last session, was a follow-up done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were the group rules reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was an icebreaker/ activity done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was the previous session reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did participants share a problem from their Problem-Solving Worksheet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was the new problem-solving step introduced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were visual aids used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did the facilitators correctly model the problem-solving steps learned to date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Were the steps identified during the modeling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Was the role-play relevant to the participants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did the participants choose an example of a situation in which they needed to problem-solve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Did each participant correctly role-play as the main actor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did all participants provide performance feedback?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Was the session material reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Were new Problem-Solving Worksheets distributed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Was behavior management an issue during the session?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Problem-Solving Training Observer's Checklist

Facilitators _____

Observer _____ Date _____ Session no. _____

Using the following criteria, please assess how effectively the facilitator and co-facilitator conducted the Problem-Solving Training group.

Scoring

0 = Not competent

1 = Mildly competent

2 = Competent

3 = Highly competent

- | | | | | |
|---|---|---|---|---|
| 1. Demonstrated knowledge of the content presented. | 0 | 1 | 2 | 3 |
| 2. Kept up an appropriate pace during the presentation. | 0 | 1 | 2 | 3 |
| 3. Used platform skills (body, hands, eye contact, facial expression, voice). | 0 | 1 | 2 | 3 |
| 4. Related to participants and kept them interested and involved. | 0 | 1 | 2 | 3 |
| 5. Used visuals to support the presentation and clarify concepts. | 0 | 1 | 2 | 3 |
| 6. Conveyed enthusiasm and a belief in what was presented. | 0 | 1 | 2 | 3 |
| 7. Organized and structured the session (followed established procedure). | 0 | 1 | 2 | 3 |

Observer's feedback and recommendations:

Observer's comments and recommendations received:

(Facilitator signature and date)

(Co-facilitator signature and date)