Evidence-Based Brief Interventions

Handouts/worksheets for Practice

• Thinking, feeling, behaving triangle (2 pg)
• CBT approach: Changing negative thoughts
• Positive things about me
• Healthy Coping for Stress and Worry (2 pg)
• Guided Imagery
• Strong feelings - Anger, Hurt, Fear, Sadness (3 pg)

• Patient Safety Plan Template
• Create your team of helpers
• Container Script
• Container page
• Butterfly hug

• Evidence-Based Child and Adolescent Psychosocial Interventions

• COPE and NAPNAP "Practical Guide ......." References
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The Thinking-Feeling-Behaving Triangle

How you think affects how you feel and how you act or behave.

Here’s an example:

Alex is starting his first day of the school year at a new school. He is thinking that he doesn’t know anybody at his new school and that maybe no one will like him. This makes him feel worried and sad. So, he acts very scared when he gets to school and doesn’t talk to any other kids.

How Alex thinks affects how he feels and how he acts.
Let's think of an example from your school.

We can change our thoughts from negative to positive. When we change to positive thoughts, we will feel better.

How we think affects how we feel (and how we act follows)

Let's change the thought (negative) to positive on the triangle. How might Alex feel with a different thought?
Changing Negative Thoughts

Catch it
What was just going through your mind?
What is your thought?

Check it
Is there evidence that it is true?
Is there evidence it might not be true or not completely true? Is it true 100%?
Is there another way to look at this situation?

Change it
What would I tell my friend if he/she were in this situation?
What can I tell myself? What can I do about this situation?

To feel better and act better
Positive Things about Me
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Positive self-talk helps you to fill your mind with positive thoughts. Thinking positive thoughts will help you to feel better and behave in positive ways.

Here are some examples:

- I am a good friend.
- I am really good with my dog.
- I am good at running.
- I really like to go to the park with my family.
- I can keep in control of my anger when my little brother bothers me.

Let's write out your own positive self-talk statements.

List 3 positive things about you.


Place this paper where you can see it, and say these positive things about you out loud at least 10 times every morning and every night. Keep adding to the list as you and your parents notice more positive things about you.
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Healthy Coping for Stress and Worry

Healthy coping is when you deal with stressful things in positive ways that don't hurt you or other people.

Did you know that your body tells you when you are stressed?

Here are some different ways that our bodies can respond when we are feeling worried or sad:

- Heart beating fast or pounding
- Breathing fast
- Sweating
- Anger
- Restlessness (feeling like you have to keep moving)
- Headaches
- Stomachaches
- Not being hungry
- Tightness in your neck or shoulders
- Problems thinking clearly
- Trouble sleeping or sleeping too much
- Feeling tired all the time

How does your body feel when you’re stressed?
Here are some ideas for healthy coping:

- Talking about how you feel
- Exercise/playing outside
- Going to family or friends for help
- Writing your thoughts and feelings in a journal/diary
- Changing a negative thought into a positive one
- Using positive self-talk (positive self-statements)
- Doing relaxation exercises (we will do one today)
- Trying something new
- Doing something that you enjoy (like reading or drawing)

Write down 3 healthy coping skills/activities that sound fun to you.

1. __________________________________________
2. __________________________________________
3. __________________________________________

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This handout may be photocopied (but not altered) and used solely for the purpose of teaching children and families about the thinking, feeling, behaving triangle. From A Practical Guide to Child and Adolescent Mental Health Screening, Early Intervention, and Health Promotion, Second edition. © 2013, National Association of Pediatric Nurse Practitioners, New York, NY.
Guided Imagery

Before imagining or listening to this scene, close your eyes and take three deep breaths… breathe slowly and easily, in through your nose and out through your mouth…

Now picture in your mind a time when you were happy, when you weren’t worried or scared or sad about anything…

Think about what this happy place looks like… Look around.

Is it inside? Is it outside? Who is there? What are you doing?

Listen to the noises… even those in the background.

Are there any nice smells?

Feel the temperature.

Now, just enjoy this place… you are happy… your body feels good… enjoy your surroundings… remember what you are feeling right now… you can return to this happy place any time you wish by just picturing where you are in your mind right now.

When you are ready, take three deep breaths… with each breath say the word “relax”. Imagine the word “relax” written in the warm sand… now open your eyes. Let’s stay quiet for a few moments.
Children, like adults, have times when they feel hurt, sad, fear or anger. These are all normal feelings. All people feel angry, sad or afraid sometimes.

These can be very strong feelings, but we can control how we COPE with these feelings in positive ways.

Our bodies might signal strong feelings by:
- A hot face
- Tense muscles
- A fast heartbeat
- Fast or loud breathing,
- Feeling like exploding with my hands, feet or mouth
- Sweating
- Restlessness (feeling like you have to keep moving)
- Headaches
- Stomachaches
- Trouble thinking clearly

Sometimes when young people feel afraid or hurt, or sad or angry, they act in unhealthy ways that might hurt them or others.

- Fighting with parents or friends
- Hitting, kicking, screaming, or using mean words
- Getting bad grades or not doing homework
- Tearing up things, or hitting walls
- Not showering or taking care of your body
- Staying alone in your room too much

Name things you do when you have strong feelings (Fear, sadness or anger).
Taking Control of your Anger (Strong Feelings)
(From: COPE For Children by Bernadette Melnyk, ©)

Let's list some positive things you can do when you are feeling angry, sad or afraid, that don’t hurt you and don’t hurt other people.

Here are some ways children COPE and take control of their strong feelings in a positive way

• Talking about how you feel
• Exercise/playing outside
• Going to family or friends for help
• Counting to 10 or saying the ABCs
• Walking away and deep breathing
• Thinking of a time when you did something great
• Writing your thoughts and feelings down
• Using positive self-talk (saying your positive self-statements)
• Doing something that you enjoy (like reading or drawing)

Which of these do you do?

________________________________________

Which sound like new ideas you can practice doing to deal with your feelings in positive ways?

________________________________________

________________________________________

Draw a picture of a time when you had strong feelings – were sad hurt, afraid or angry.
You can decide to make healthy choices about your feelings—it is under your control. At first, it may be hard to make good choices. But, with practice, it will get easier over time. (It will feel good to be in control!)

Let’s write down a plan. When I feel angry, sad or afraid,

I will:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I can talk to:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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Some books that you might like to read

Cook, J. (2011) I Just Don’t Like the Sound of No! My Story about Accepting No for an Answer and Disagreeing the Right Way! (Best Me I Can Be) Boys Town, NE: Boys Town Press.

Minneapolis, MN: Free Spirit Publishing.

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Interventions from Evidence-Based Psychotherapies

Grounding and self-soothing interventions from EMDR you can put together with the child/teen and send with them to assist them in dealing with strong emotions

The health care provider can teach/reinforce:

- Deep Breathing for relaxation
- Guided imagery - visualizing a safe / calm place
- Identifying a "team" of helpers
- From EMDR Dr. Robbie Adler Tapia adds:
  Aroma for self-soothing, resourcing
  Create a container
  Butterfly hug breathing
### Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. 
2. 
3. 

### Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. 
2. 
3. 

### Step 3: People and social settings that provide distraction:

1. Name____________________________________________________ Phone______________________________
2. Name____________________________________________________ Phone______________________________
3. Place__________________________________________ 4. Place______________________________________

### Step 4: People whom I can ask for help:

1. Name____________________________________________________ Phone______________________________
2. Name____________________________________________________ Phone______________________________
3. Name____________________________________________________ Phone______________________________

### Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name____________________________________________ Phone______________________________
   Clinician Pager or Emergency Contact # __________________________________________________________
2. Clinician Name____________________________________________ Phone______________________________
   Clinician Pager or Emergency Contact # __________________________________________________________
3. Local Urgent Care Services _________________________________________________________________
   Urgent Care Services Address________________________________________________________________
   Urgent Care Services Phone______________________________
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

### Step 6: Making the environment safe:

1. 
2. 

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The one thing that is most important to me and worth living for is:
Tell me about someone who helps you feel Better in your life - someone who can be a good Resource for you.

Let’s make a list of those people who are on your Team of helpers

Create your team of helpers

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Containers

Containers are things that hold the things that bother me so I can handle them until I can deal with them later. This is a picture of my container(s). I will make it big enough and strong enough to put in the things I need to contain for now. I can make as many containers as I need.
Container script

• I want you to be able to put all of those thoughts or feelings, or things we talked about in that container. Picture the container and make sure it's strong enough to hold everything you need it to hold. Let's imagine that everything you talked about or worried about today is put in the container and we lock it away, seal it until you come back. If you start thinking about things that bother you that are too hard to handle - you can just imagine putting it into the container and sealing it in there until we meet again. Be sure and use a strong container that can be locked.

• Now imagine putting 100% of the thoughts, feelings, emotions, body and sensations, and disturbance into the container. Seal it tightly, and let me know when you are finished. (Adler-Tapia, 2018)
Butterfly hug

Grounding technique (can be used at school)

• The Butterfly Hug is a form of bilateral stimulation (EMDR) that can be used as a grounding technique.

• The process is simple and can be done in any situation. It can help bring you back to the present moment and calm your emotional state.
Evidence-Based Child and Adolescent Psychosocial Interventions

This report is intended to guide practitioners, educators, youth, and families in developing appropriate plans using psychosocial interventions. It was created for the period October 2018 – April 2019 using the PracticeWise Evidence-Based Services (PWEBS) Database, available at www.practicewise.com. If this is not the most current version, please check the American Academy of Pediatrics (AAP) mental health Web site (www.aap.org/mentalhealth) for updates.

Please note that this chart represents an independent analysis by PracticeWise and should not be construed as endorsement by the AAP. For an explanation of PracticeWise determination of evidence/level, please see below or visit www.practicewise.com/aap.

<table>
<thead>
<tr>
<th>Problem Area</th>
<th>Level 1 - BEST SUPPORT</th>
<th>Level 2 - GOOD SUPPORT</th>
<th>Level 3 - MODERATE SUPPORT</th>
<th>Level 4 - MINIMAL SUPPORT</th>
<th>Level 5 - NO SUPPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxious or Avoidant Behaviors</td>
<td>Attention Training, Cognitive Behavior Therapy (CBT), CBT and Medication, CBT for Child and Parent, CBT with Parents, Education, Exposure, Modeling</td>
<td>Assertiveness Training, Attention, CBT and Expression, CBT and Parent Management Training (PMT), CBT with Parents Only, Cultural Storytelling, Family Psychoeducation, Hypnosis, Mindfulness, Relaxation, Stress Inoculation</td>
<td>Contingency Management, Group Therapy</td>
<td>Behavioral Activation and Exposure, Biofeedback, Play Therapy, CBT and Medication, CBT and Teacher Training, Peer Pairing</td>
<td>Assessment/Monitoring, Attachment Therapy, Client Centered Therapy, Eye Movement Desensitization and Reprocessing (EMDR), Peer Pairing, Psychoeducation, Relationship Counseling, Teacher Psychoeducation</td>
</tr>
<tr>
<td>Depressive or Withdrawn Behaviors</td>
<td>CBT, CBT and Medication, CBT with Parents, Client Centered Therapy, Family Therapy</td>
<td>Attention Training, Cognitive Behavioral Psychoeducation, Expression, Interpersonal Therapy, Motivational Interviewing (MI)/Engagement and CBT, Physical Exercise, Problem Solving, Relaxation</td>
<td>None</td>
<td>Self Control Training, Self Modeling, Social Skills</td>
<td>CBT and Anger Control, CBT and Behavioral Sleep Intervention, CBT and PMT, Goal Setting, Life Skills, Mindfulness, Play Therapy, CBT, Physical Exercise, Problem Solving, Relaxation</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>CBT, Family-Focused Therapy, Physical Exercise and Dietary Care and Behavioral Feedback</td>
<td>Family Systems Therapy, Family Therapy with Parents Only</td>
<td>Family Therapy and Usual Care</td>
<td>Physical Exercise and Dietary Care</td>
<td>Behavioral Training and Dietary Care, CBT with Parents, Client Centered Therapy, Dietary Care, Education, Family Therapy, Family Therapy with Parent Consultant, Goal Setting, Psychoeducation, Yoga</td>
</tr>
<tr>
<td>Elimination Disorders</td>
<td>Behavior Alert, Behavior Alert and Behavioral Training, Behavioral Training, Behavioral Training and Biofeedback and Dietary Care and Medical Care, Behavioral Training and Dietary Care and Medical Care</td>
<td>Behavioral Training and Dietary Care, Behavioral Training and Hypnosis and Dietary Care, CBT</td>
<td>Behavior Alert and Medication</td>
<td>None</td>
<td>Assessment/Monitoring, Assessment/Monitoring and Medication, Behavioral Training and Medical Care, Biofeedback, Contingency Management, Dietary Care, Dietary Care and Medical Care, Hypnosis, Medical Care, Psychoeducation</td>
</tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Mania</td>
<td>None</td>
<td>CBT for Child and Parent, Cognitive Behavioral Psychoeducation</td>
<td>None</td>
<td>None</td>
<td>Cognitive Behavioral Psychoeducation and Dietary Care, Dialectical Behavior Therapy and Medication, Family-Focused Therapy, Psychoeducation</td>
</tr>
<tr>
<td>Substance Use</td>
<td>CBT, Community Reinforcement, Contingency Management, Family Therapy, MI/Engagement</td>
<td>Assertive Continuing Care, CBT and Contingency Management, CBT and Medication, CBT with Parents, Family Systems Therapy, Functional Family Therapy, Goal Setting, Goal Setting/Monitoring, MI/Engagement and CBT, MI/Engagement and Expression, Multidimensional Family Therapy, Problem Solving, Purdue Brief Family Therapy</td>
<td>CBT and Family Therapy, Drug Court, Drug Court and Multisystemic Therapy and Contingency Management, Eclectic Therapy</td>
<td>Psychoeducation</td>
<td>Advice/Encouragement, Assessment/Monitoring, Behavioral Family Therapy, Case Management, CBT and Community Information Campaign, Client Centered Therapy, Drug Court and Multisystemic Therapy, Drug Education, Education, Family Court, Feedback, Group Therapy, Mindfulness, MI/Engagement and CBT and Family Therapy, Multisystemic Therapy, Parent Psychoeducation, PMT, Therapeutic Vocational Training</td>
</tr>
<tr>
<td>Suicidality</td>
<td>None</td>
<td>Attachment Therapy, CBT with Parents, Counselors Care, Counselors Care and Support Training, Interpersonal Therapy, Multisystemic Therapy, Parent Coping/Stress Management, Psychodynamic Therapy, Social Support</td>
<td>None</td>
<td>None</td>
<td>Accelerated Hospitalization, Case Management, CBT, Communication Skills, Counselors Care and Anger Management</td>
</tr>
<tr>
<td>Traumatic Stress</td>
<td>CBT, CBT with Parents, EMDR</td>
<td>Exposure</td>
<td>None</td>
<td>CBT and Expression, Play Therapy, Relaxation and Expression</td>
<td>Advice/Encouragement, Client Centered Therapy, CBT and Medication, CBT with Parents Only, Education, Expressive Play, Interpersonal Therapy, Problem Solving, Psychodynamic Therapy, Psychoeducation, Relaxation, Structured Listening</td>
</tr>
</tbody>
</table>

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Note: CBT = Cognitive Behavior Therapy; EMDR = Eye Movement Desensitization and Reprocessing; MI = Motivational Interviewing; PMT = Parent Management Training; Level 5 refers to treatments whose tests were unsupportive or inconclusive. This report updates and replaces the “Blue Menu” originally distributed by the Hawaii Department of Health, Child and Adolescent Mental Health Division, Evidence-Based Services Committee from 2002–2009.

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of Addressing Mental Health Concerns in Primary Care: A Clinician’s Toolkit. Copyright © 2010 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.
Background

The American Academy of Pediatrics (AAP) “Evidence-Based Child and Adolescent Psychosocial Interventions” tool is created twice each year and posted on the AAP Web site at www.aap.org/mentalhealth, using data from the PracticeWise Evidence-Based Services Database, available at www.practicewise.com. The table is based on an ongoing review of randomized clinical psychosocial and combined treatment trials for children and adolescents with mental health needs. The contents of the table represent the treatments that best fit a patient’s characteristics, based on the primary problem (rows) and the strength of evidence behind the treatments (columns). Thus, when seeking an intervention with the best empirical support for an adolescent with depression, one might select from among cognitive behavior therapy (CBT) alone, CBT with medication, CBT with parents included, client centered therapy, or family therapy. Each clinical trial must have been published in a peer-reviewed scientific journal, and each study is coded by 2 independent raters whose discrepancies are reviewed and resolved by a third expert judge. Prior to report development, data are subject to extensive quality analyses to identify and eliminate remaining errors, inconsistencies, or formatting problems.

Strength of Evidence Definitions

The strength of evidence classification uses a 5-level system that was originally adapted from the American Psychological Association Division 12 Task Force on the Promotion and Dissemination of Psychological Procedures. These definitions can be seen in the Box below. Higher strength of evidence is an indicator of the reliability of the findings behind the treatment, not an index of the expected size of the effect.

Treatment Definitions

“Evidence-Based Child and Adolescent Psychosocial Interventions” uses a broad level of analysis for defining treatments, such that interventions sharing a majority of components with similar clinical strategies and theoretical underpinnings are considered to belong to a single treatment approach. For example, rather than list each CBT protocol for depression on its own, the tool handles these as a single group that collectively has achieved a particular level of scientific support. This approach focuses more on “generic” as opposed to “brand name” treatment modalities, and it also is designed to reduce the more than 500 distinct treatments that would otherwise be represented on this tool to a more practical level of analysis.

Problem Definition

The presenting problems represented in the table rows are coded using a checklist of 25 different problem areas (e.g., anxious or avoidant behaviors, eating disorders, substance use). The problem area refers to the condition that a treatment explicitly targeted and for which clinical outcomes were measured. These problem areas are inclusive of diagnostic conditions (e.g., all randomized trials targeting separation anxiety disorder are considered collectively within the “Anxious or Avoidant Behaviors” row) but also include the much larger number of research trials that tested treatments but did not use diagnosis as a study entry criterion. For example, many studies use elevated scores on behavior or emotion checklists or problems such as arrests or suicide attempts to define participants. Mental health diagnoses are therefore nested under these broader categories.

History of This Tool

This tool has its origins with the Child and Adolescent Mental Health Division of the Hawaii Department of Health. Under the leadership of then-division chief Christina Donkervoet, work was commissioned starting in 1999 to review child mental health treatment outcome literature and produce reports that could serve the mental health system in selecting appropriate treatments for its youth. Following an initial review of more than 120 randomized clinical trials, the division began to issue the results of these reviews in quarterly matrix reports known as the Blue Menu (named for the blue paper on which it was originally printed and distributed). This document was designed to be user-friendly and transportable, thereby making it amenable to broad and easy dissemination. As of 2010, the AAP supports the posting of the next generation of this tool. “Evidence-Based Child and Adolescent Psychosocial Interventions” now represents over 1,000 randomized trials of psychosocial treatments for youth. PracticeWise continues to identify, review, and code new research trials and plans to continue providing updates to this tool to the AAP for the foreseeable future.
References


See more on the PracticeWise publications page.

Strength of Evidence Definitions

Level 1: Best Support

I. At least 2 randomized trials demonstrating efficacy in one or more of the following ways:
   a. Superior to pill placebo, psychological placebo, or another treatment.
   b. Equivalent to all other groups representing at least one level 1 or level 2 treatment in a study with adequate statistical power (30 participants per group on average) that showed significant pre-study to post-study change in the index group as well as the group(s) being tied. Ties of treatments that have previously qualified only through ties are ineligible.

II. Experiments must be conducted with treatment manuals.

III. Effects must have been demonstrated by at least 2 different investigator teams.

Level 2: Good Support

I. Two experiments showing the treatment is (statistically significantly) superior to a waiting list or no-treatment control group. Manuals, specification of sample, and independent investigators are not required.

   OR

II. One between-group design experiment with clear specification of group, use of manuals, and demonstrating efficacy by either
   a. Superior to pill placebo, psychological placebo, or another treatment
   b. Equivalent to an already established treatment (See qualifying tie definition above.)

Level 3: Moderate Support

One between-group design experiment with clear specification of group and treatment approach and demonstrating efficacy by either

   a. Superior to pill placebo, psychological placebo, or another treatment
   b. Equivalent to an already established treatment in experiments with adequate statistical power (30 participants per group on average)

Level 4: Minimal Support

One experiment showing the treatment is (statistically significantly) superior to a waiting list or no-treatment control group. Manuals, specification of sample, and independent investigators are not required.

Level 5: No Support

The treatment has been tested in at least one study but has failed to meet criteria for levels 1 through 4.
References


Melnyk, B. M. (1990) *COPE- Creating Opportunities for Personal Empowerment 7 Session Program*

www.COPE2Thrive.com