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ADVANCING INTEGRATED HEALTHCARE

# Brief Intervention Training for Pediatric Staff

**April 7, 2022**

Sarah Hagin, PhD

Liz Cantor, PhD

**This program is brought to you through the  
Medicaid Pediatric Healthcare Recovery Program and  
funded through American Rescue Plan Act Funds for RI**

# Agenda

<i><b>Topic</b></i>	<i><b>Duration</b></i>
<b>Welcome, Learning Objectives, Pedi PRN</b> <i>Liz Cantor, Sarah Hagin</i>	5 minutes
<b>BH Screening</b> <i>Liz Cantor</i>	5 minutes
<b>Psychoeducation on the CBT triangle</b> <i>Liz Cantor</i>	10 minutes
<b>Brief Interventions</b> Behavioral Activation, Thought Challenging, Relaxation Breathing <i>Sarah Hagin</i>	20 minutes
<b>Cases</b> <i>Group</i>	15 minutes

# CTC-RI Conflict of Interest Statement

Session presenters have no financial relationships with a commercial entity producing healthcare-related products used on or by patients.

If CME credits are offered, all relevant financial relationships of those on the session planning committee have been disclosed and, if necessary, mitigated.

# Learning Objectives

- Participants will learn a psychoeducation technique using the CBT triangle to adolescents who present with symptoms of anxiety/depression
- Participants will learn 3 brief interventions (behavioral activation, thought challenging, and relaxation breathing) appropriate for use with adolescents who present with symptoms of anxiety/depression
- Participants will learn how to apply these interventions to real patients through case examples



## Rhode Island's **PSYCHIATRY RESOURCE NETWORKS** for Providers

Are you a Rhode Island healthcare provider treating pregnant, postpartum, or pediatric patients?

Do you ever need to consult with a psychiatrist about your patients' mental health and/or substance use?

Rhode Island offers statewide real-time clinical teleconsultation and referral services for you.

## What can I use the Psychiatry Resource Networks for?

When you call one of the PRNs, you can speak with specialized behavioral health experts from Women & Infants Hospital and Bradley Hospital for guidance on:

- Diagnosis
- Treatment Planning
- Medication Safety
- Resource and Referral Support
- Provider Trainings

**NOTE:** These networks do not provide direct treatment or prescribe medication; they are not crisis or a patient-facing phone lines.



Serving providers treating pregnant and postpartum patients in partnership with Women & Infants Hospital

**Call: 401-430-2800**  
Monday-Friday 8:00 am – 4:00 pm



Serving providers treating children and adolescents in partnership with Bradley Hospital

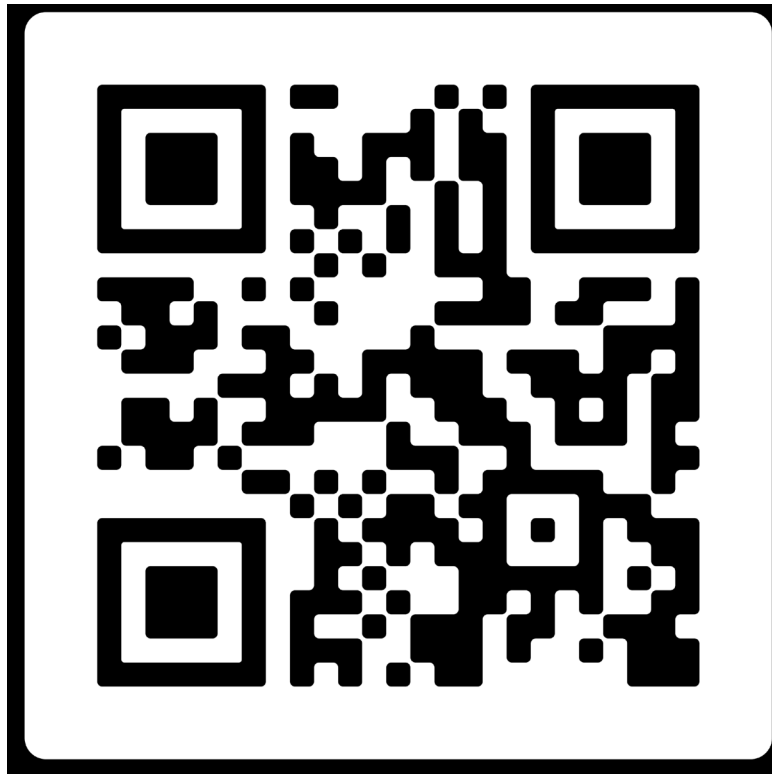
**Call: 401-432-1543**  
Monday-Friday 8:30 am – 5:00 pm



**Bradley Hospital**  
*Lifespan. Delivering health with care.*

# PediPRN Enrollment/Access to Newsletter

## Enrollment



## Newsletter



# BH Screening – why it's important in Pediatrics

Per the CDC, about 20% of children are diagnosed with a mental health disorder

- Only 20% of children diagnosed receive care from a MH provider
- **BUT 90% of all children receive regular medical care from a primary care provider**
- Kids with chronic illness are at higher risk of having BH needs
- Social and Behavioral risk factors = vital signs we should assess in ALL patients
- Universal screening at WCVs – what if a child misses their WCV?
- Teens need to know: Universal and Confidential



# Recommended BH Screeners

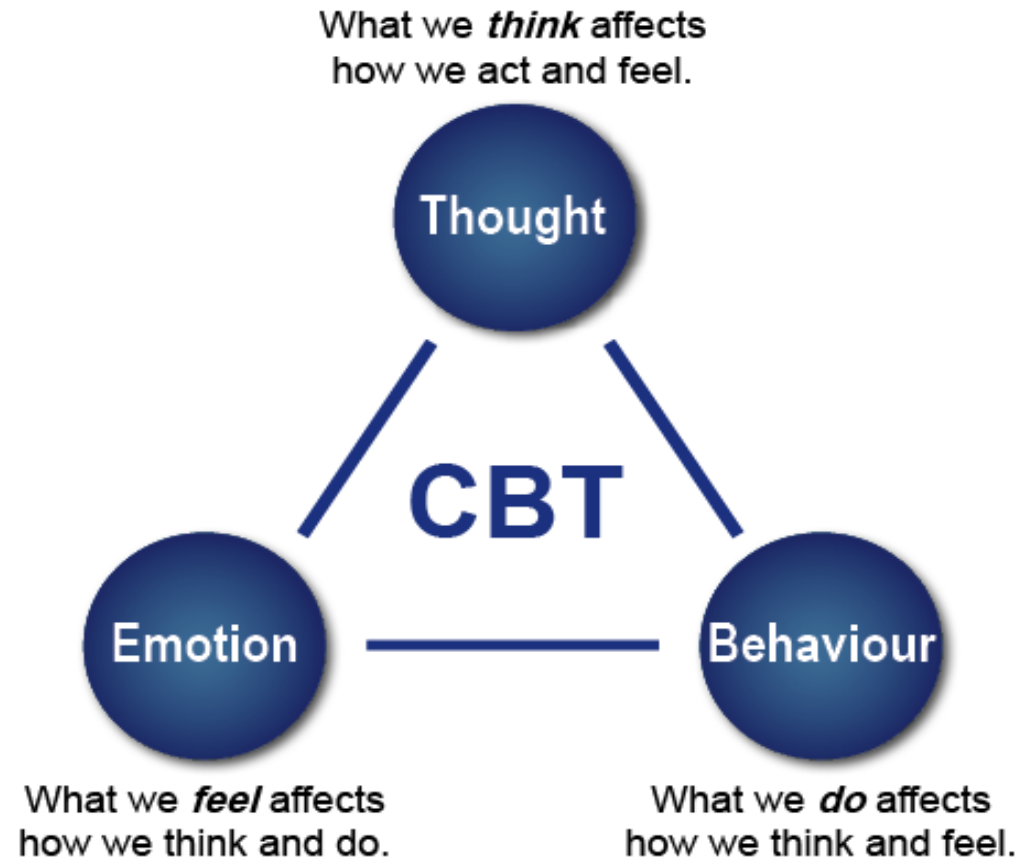
- ❖ School-Age (5-11)
  - Pediatric Symptom Checklist (general social-emotional functioning)
- ❖ Adolescence (12-17)
  - PHQ-A or PHQ-9M (Depression, adolescent version)
  - GAD-7 (Anxiety)
  - CRAFFT 2.1 (Alcohol and Substance Use)
- ❖ New Mothers
  - Edinburgh Postnatal Depression Scale (EPDS)

\*Links to these screeners at the end of the slide deck

# Psychoeducation to patients

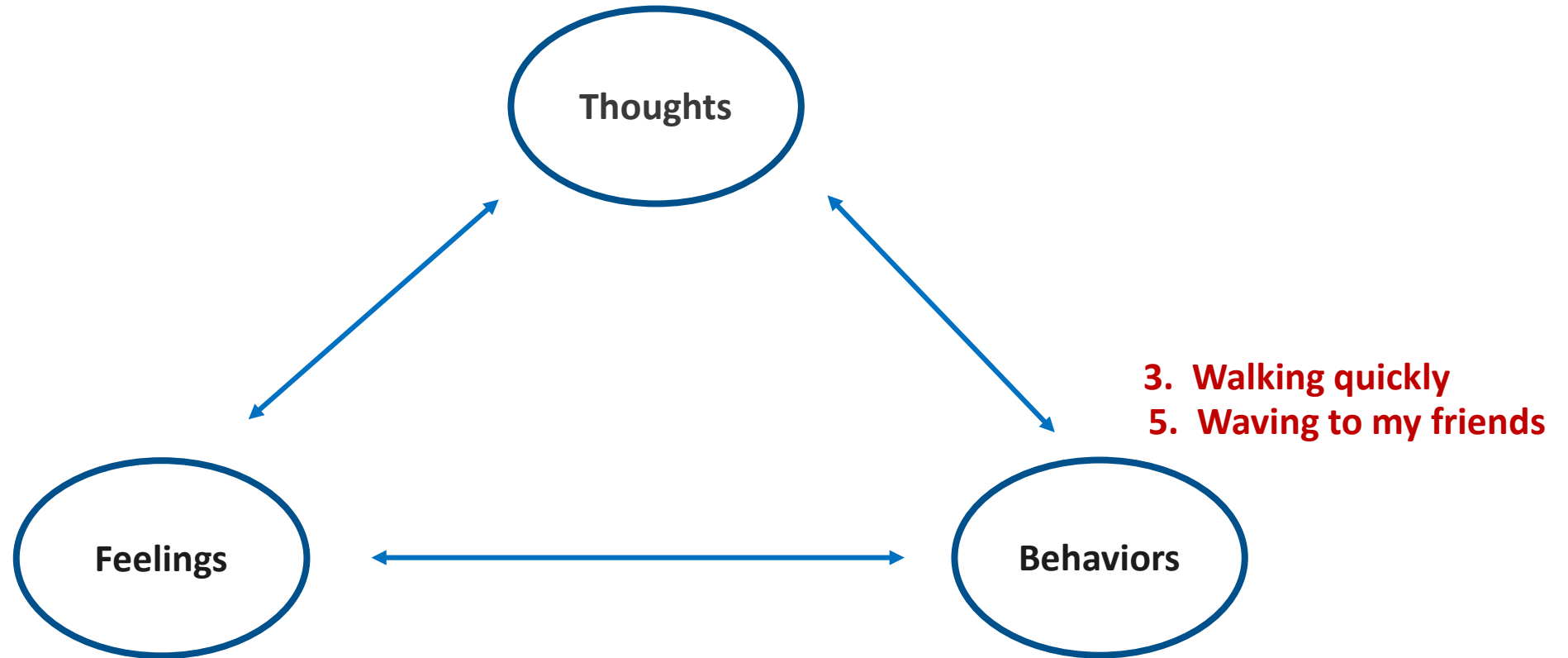
- Why do I feel this way? (diagnosis)
- What caused it? (etiology)
- How long will it last? (course)
- What can make it better? (treatment)

# What is the CBT Triangle?



# CBT Triangle – positive ex.

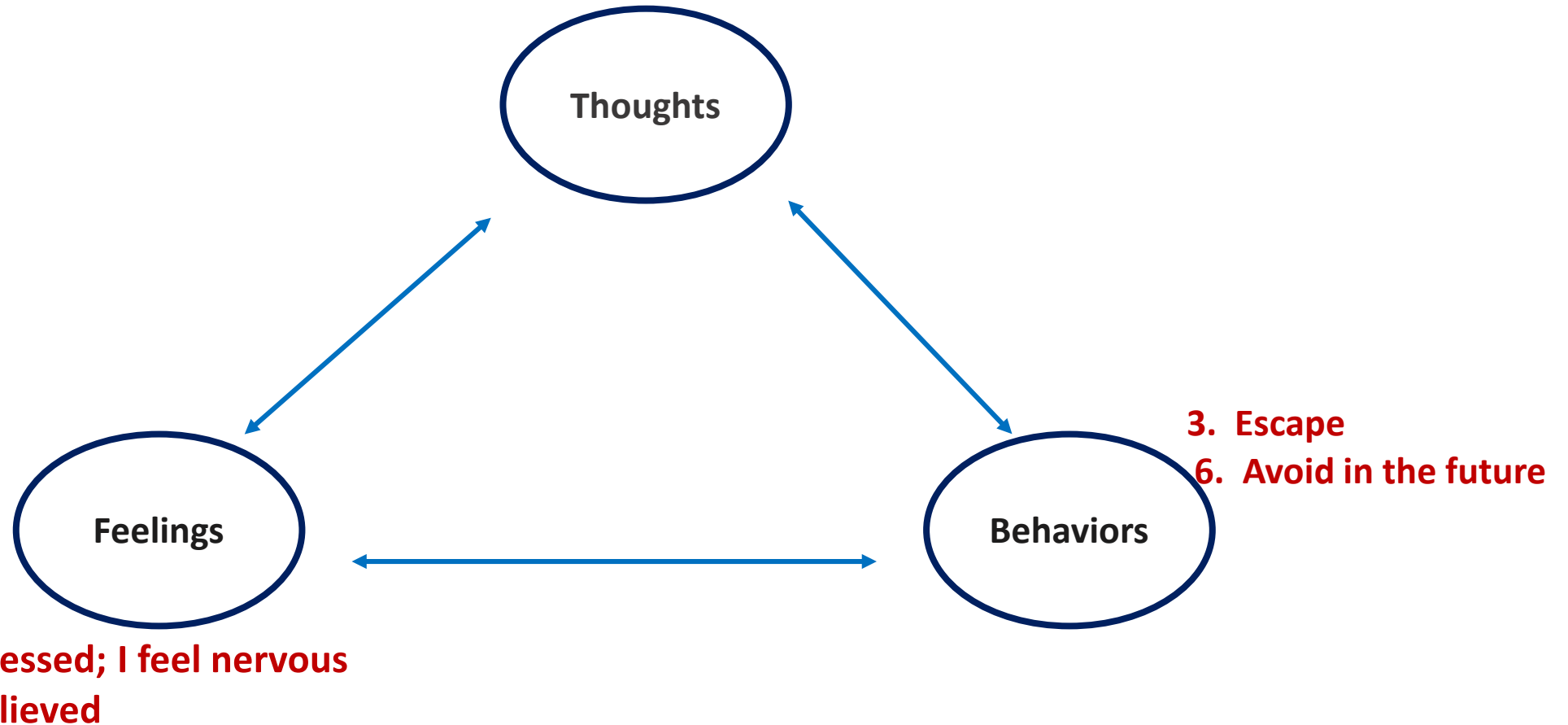
1. I will get to see my friends
4. I see my friends and they smiling; they are happy to see me



2. I feel excited
6. So happy to see them

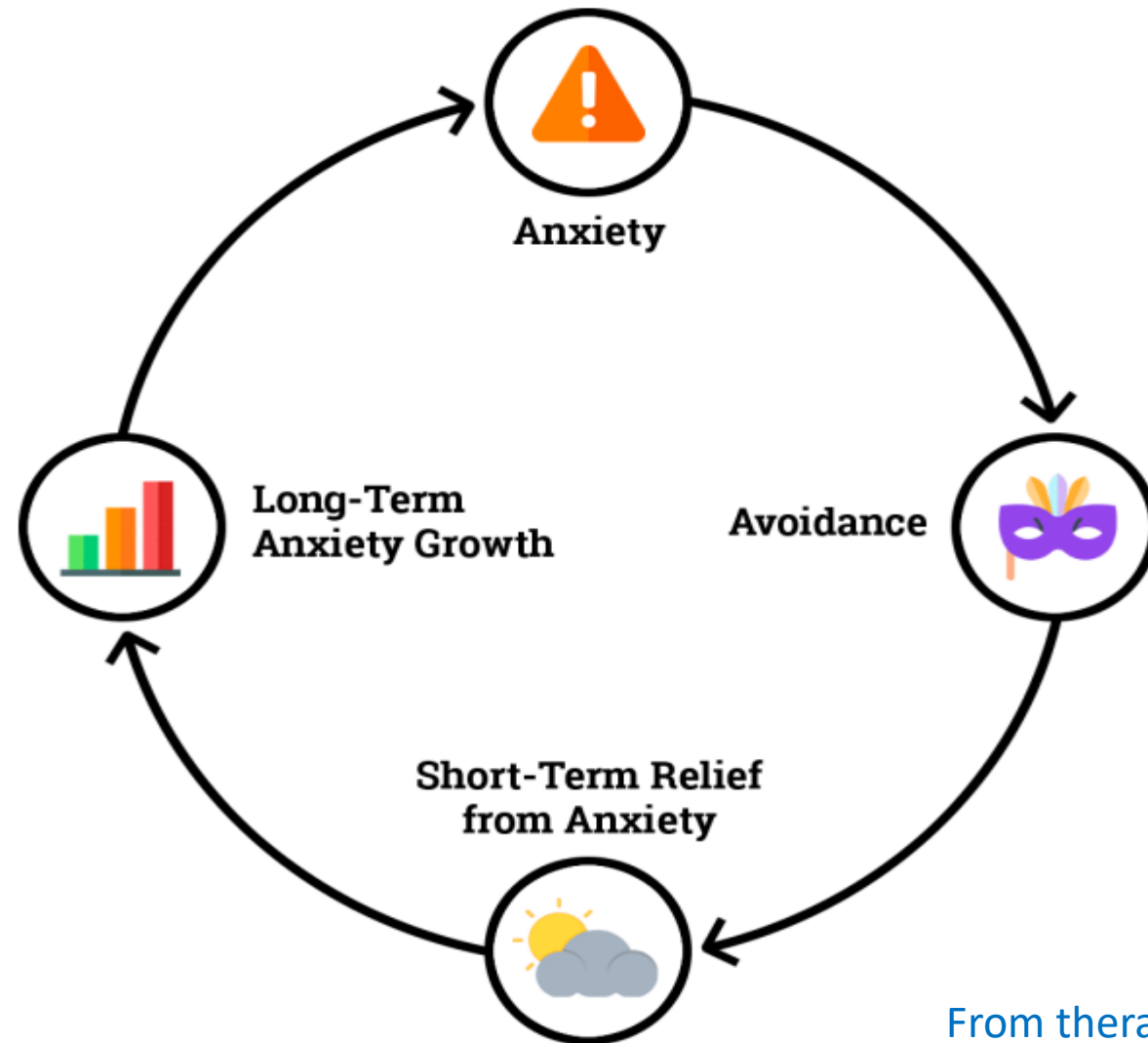
3. Walking quickly
5. Waving to my friends

1. Everyone is looking at me and I look stupid  
5. I avoided something that would have been terrible



## Psychoeducation – Cycle of Anxiety

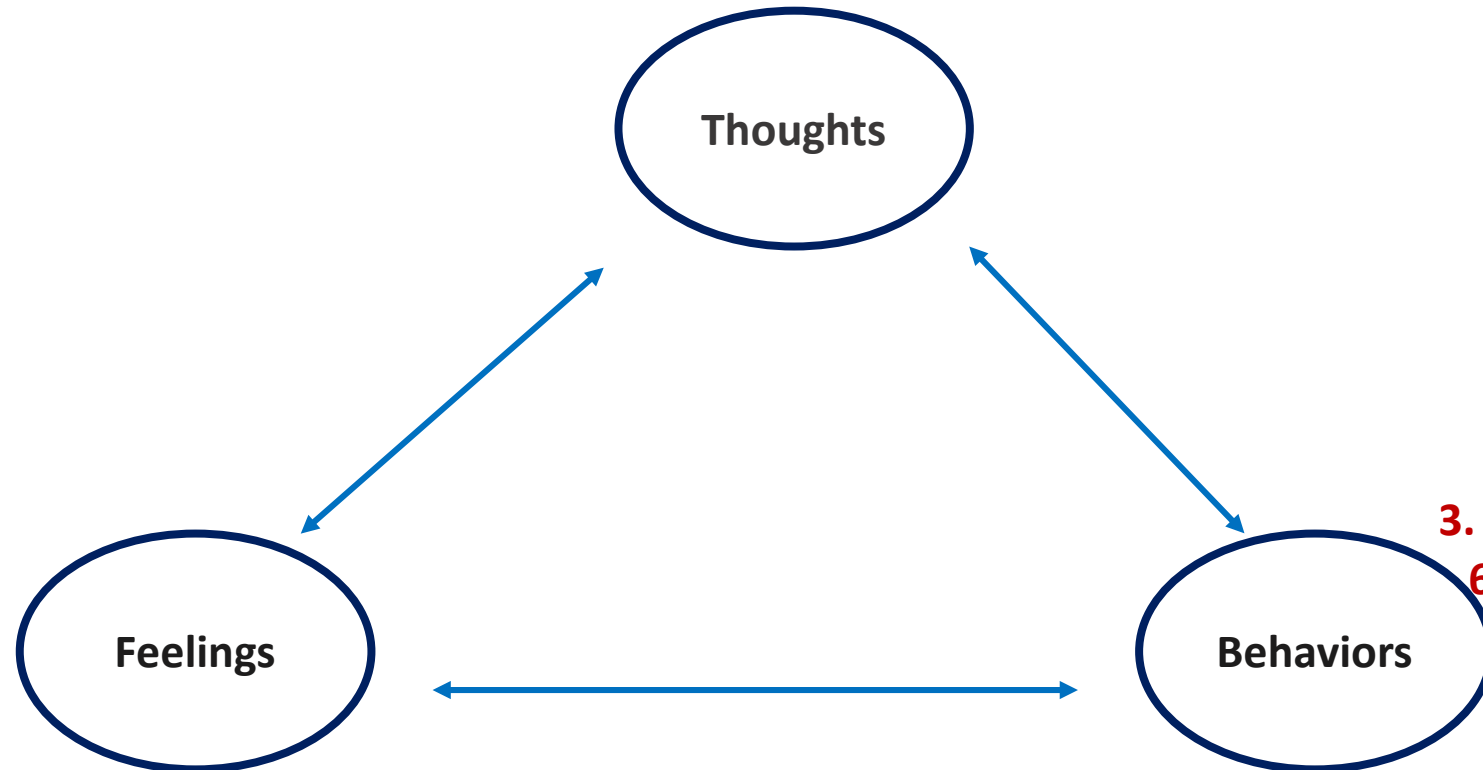
Situation produces anxiety  
 Anxiety is uncomfortable  
 Avoid situation to decrease discomfort  
 Feel relief as anxiety decreases  
 Fear and anxiety increase  
 Avoidance behaviors increase



From [therapistaid.com](https://therapistaid.com)

# CBT Triangle – Depression

1. Nobody likes me so no one will want to sit with me
4. I was right, I am a loser, there is no point in trying

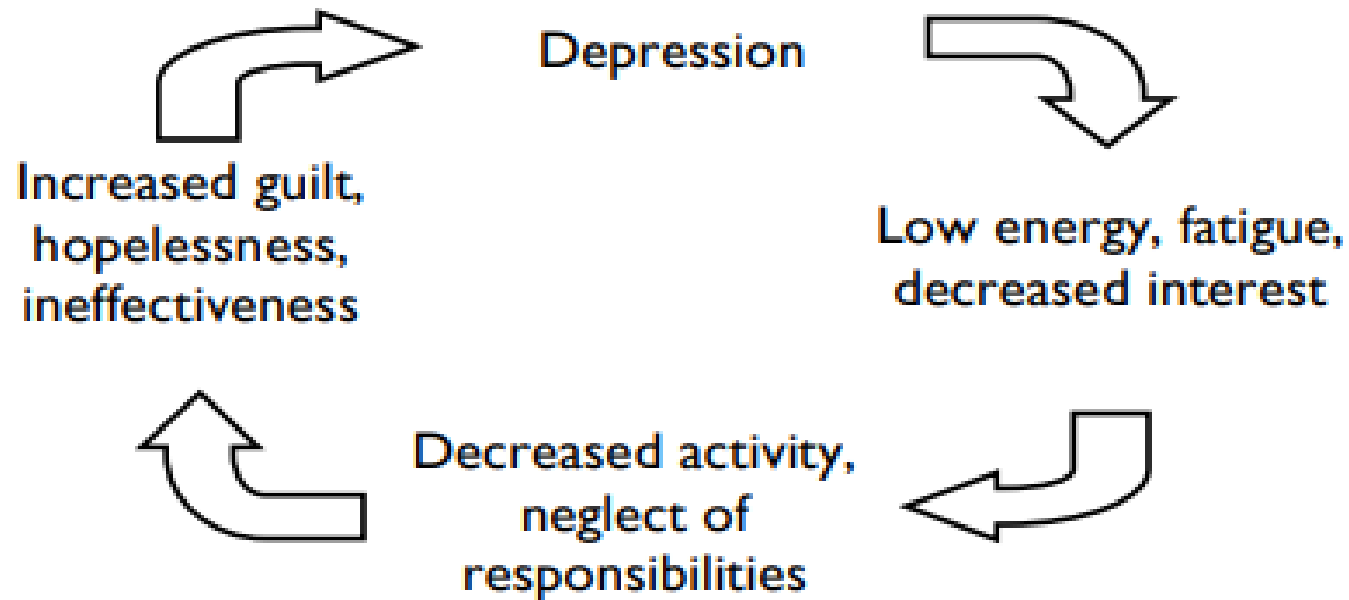


3. Sit in the corner alone
6. Isolate more

2. Sad and lonely
5. Hopeless

## Psychoeducation – Cycle of Depression

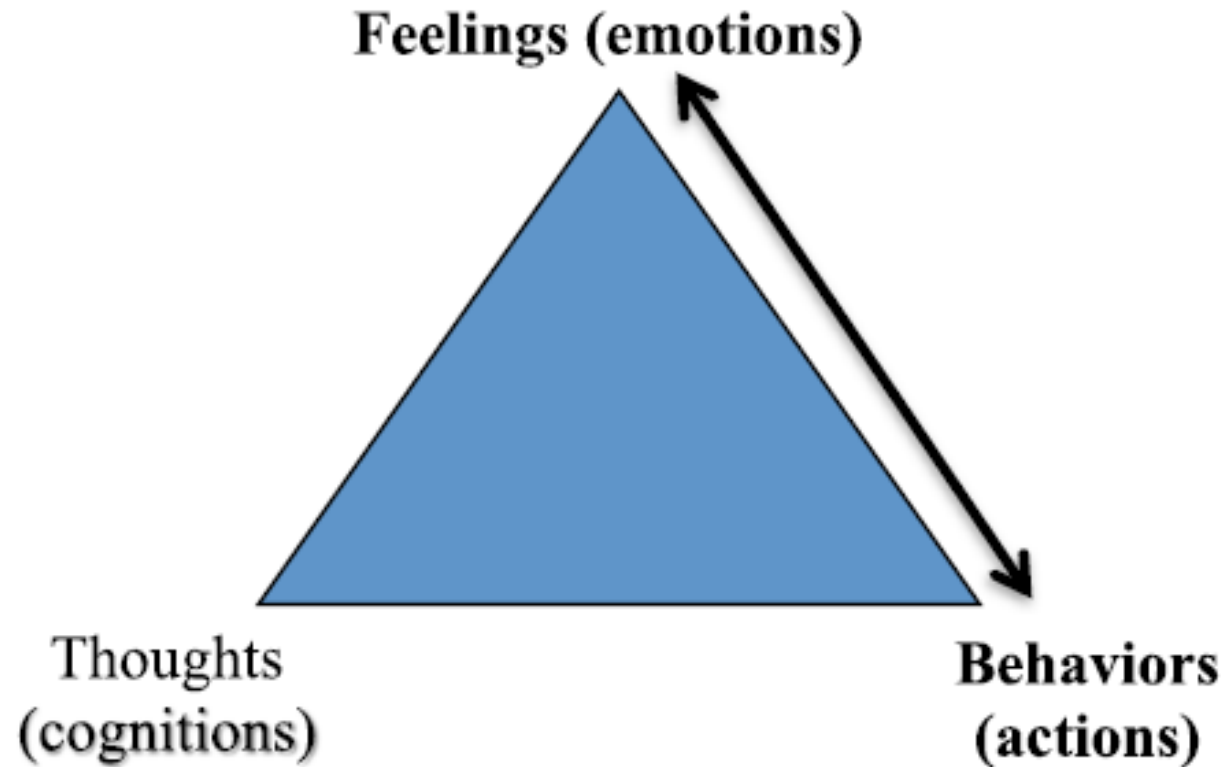
### The Vicious Cycle of Depression



<https://www.cci.health.wa.gov.au/>

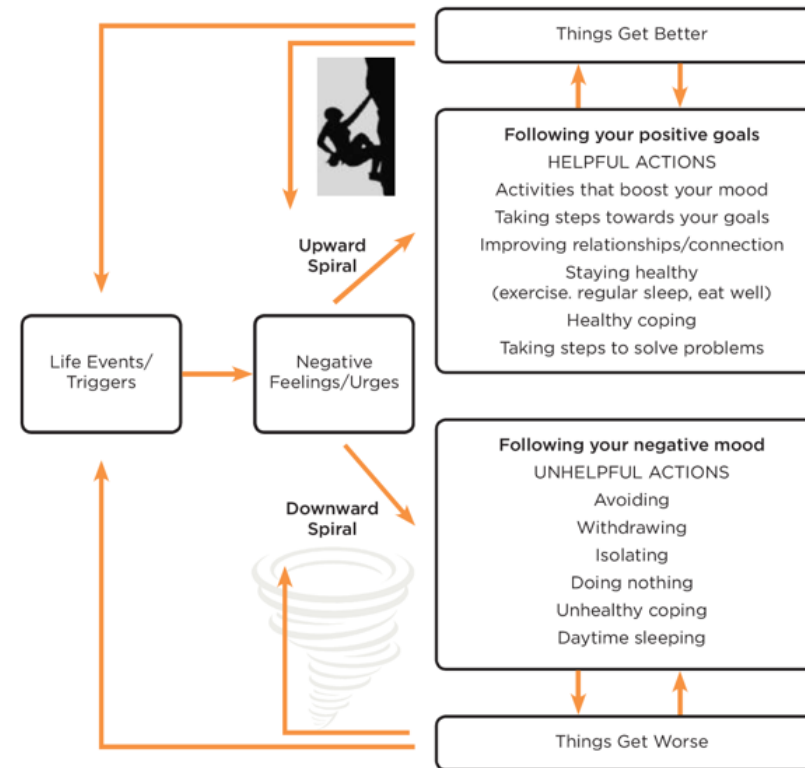


# Brief Interventions - #1 Behavioral Activation



# Brief Interventions - #1 Behavioral Activation

## Positive and Negative Mood Spirals



# Brief Interventions - #1 Behavioral Activation

## Activity — Mood Chart — Example

Example & Practice: Fill in your day so far, including what you were doing, what you were feeling and the intensity of the feeling

0	1	2	3	4	5	6	7	8	9	10
"None"					"Medium"					"Extremely"

Date/Day: 6/1 Date/Day:

	Activity	Feeling and Intensity		Activity	Feeling and Intensity
6 AM	Wake up, hit snooze button, shower	Irritated - 9	6 AM		
7 AM	Eat breakfast, walk to bus, sat with Allie	A little happy - 2	7 AM		
8 AM	Science class/quiz	Anxious - 4	8 AM		
9 AM	Language Arts	Relieved - 2	9 AM		
10 AM	History	Bored - 2	10 AM		
11 AM	Lunch with Jason	Good - 6	11 AM		
NOON	Outside after lunch, with Jason and a bunch of his friends	Part good (6), part nervous & lonely (3)	NOON		
1 PM	Math	Bored - 5	1 PM		
2 PM	Art	Pretty good - 4	2 PM		
3 PM	Bus home, sat alone	Lonely - 3	3 PM		
4 PM	Snack, on computer	Ok, a little lonely - 3	4 PM		
5 PM	Dad home, nagged	Annoyed - 8	5 PM		
6 PM	Dinner, did dishes	Annoyed - 6	6 PM		
7 PM	Started homework	Nervous, bored, annoyed - 5	7 PM		
8 PM	Homework & on phone a bit	Bored & nervous - 4	8 PM		
9 PM	Music, read, played game	Happy - 6	9 PM		

- Learn ways to change how you feel by changing what you do
- First step is to learn more about the activities you are doing now and how they impact your mood day to day
- Walk through a few hours before the visit together.

# Brief Interventions - #1 Behavioral Activation

## Test It Out: Activity Scheduling

**Choose a Helpful Activity.** Research suggests the following kinds of activities often help with depressed mood, but use what you know about YOU to help you choose.

- Doing something you used to enjoy
- Being around other people
- Doing things you are good at
- Being physically active
- Taking a step toward a goal
- Helping others
- Getting outside
- Connecting with someone you care about
- Doing something in line with your values

**Brainstorm a few ideas:**

- 1) .....
- 2) .....
- 3) .....

**Pick something pretty simple.** Aim for something that you have control over and could realistically do a few times this week. Be specific about the What, Who, When and How.

**Plan for success.** List any obstacles and how you can overcome them. List any reminders or help you might need.

Write in the day/time and what you will do. Then track how you do, and whether your activity impacts your mood.

Day/time:	What I will do:	Did I do it?	Did my mood change?	Other comments?
Day/time:				
Day/time:				
Day/time:				

- Purposely scheduling in enjoyable and/or meaningful activities
- Something that you can do frequently, have control over, inexpensive, no trouble.
- Focus on:
  - Service activities/helping others
  - Social activities
  - Mastery/learning activities
  - Physical activities
  - Self-care activities

# Brief Interventions - #1 Behavioral Activation

## Ways to Support My Teen

- Give my teen space when he or she asks for it.
- Listen — Did you use active listening?
- Ask questions to find out more about the situation.
- Show your concern and that you are trying to understand his or her perspective.
- Acknowledge all positive or healthy choices you see.
- Praise steps in the right direction (even little steps).
- Express confidence in your teen.
- Remind the teen of his or her good qualities, strengths and attributes you value.
- Encourage your teen to do her/his best.
- Say please and thank you!
- Model healthy problem solving.
- Take time to compliment your teen. Use specific compliments (e.g. "I especially like that you took some of your lunch break to check in with your Algebra teacher.").
- Be willing to drive them to activities, friends' houses or other healthy, "mood-boosting" activities.

- Supportive responses = validation and building up confidence/self-efficacy
- Active listening
- Non-judgmental
- Maintain routines and expectations

# Brief Interventions - #2 Breathing

## Addressing Physical Symptoms of Anxiety (Teens)

### Intervention Script:

Anxiety is the body's response to stress. It makes sense that you would be experiencing increased stress with all the current changes and concerns related to COVID-19.

Our body has an automatic response system designed to protect us from threats or danger. In times of uncertainty and change, we often experience anxiety that triggers our body's automatic response which causes chemicals to be released in your body that tell your heart to beat faster requiring your breathing rate to increase. These changes lead to your body feeling uncomfortable, dizzy, sweaty, upset stomach and headaches, etc.

If we take control of our breathing when we become anxious, we can decrease the uncomfortable feelings in our body and restore our body's natural state of balance. This is why we recommend responding to physical symptoms of anxiety in one of two ways:

1. **Exercise:** Increasing our physical activity creates balance by matching your body's movements to the increased heart and breathing rate when anxious. (Exercise can be walking, riding bike, shooting hoops or indoor activities like sit-ups, jumping jacks, running in place, etc).
2. **Deep breathing/relaxation:** Controlling your breathing creates balance by decreasing your breathing (and therefore your heart rate) to your body's normal state.

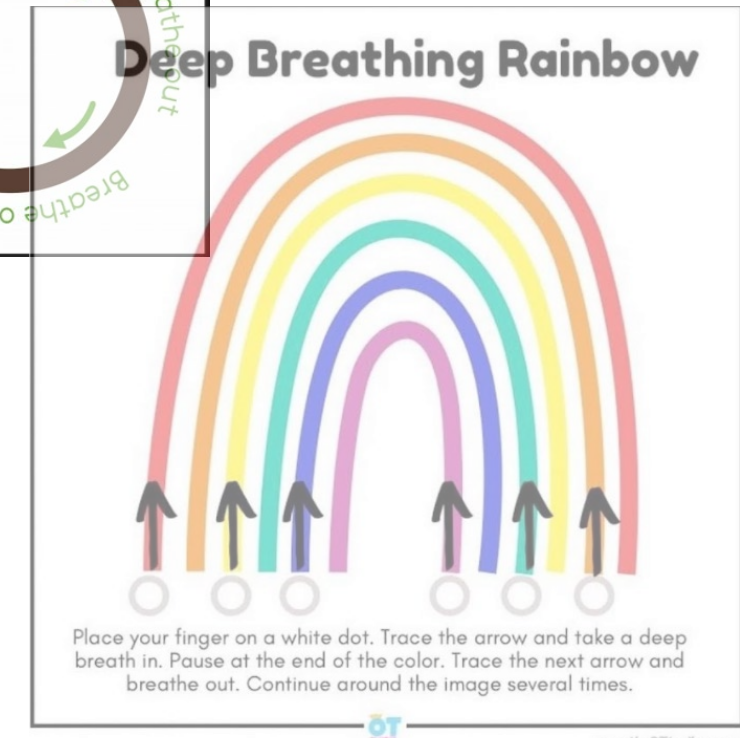
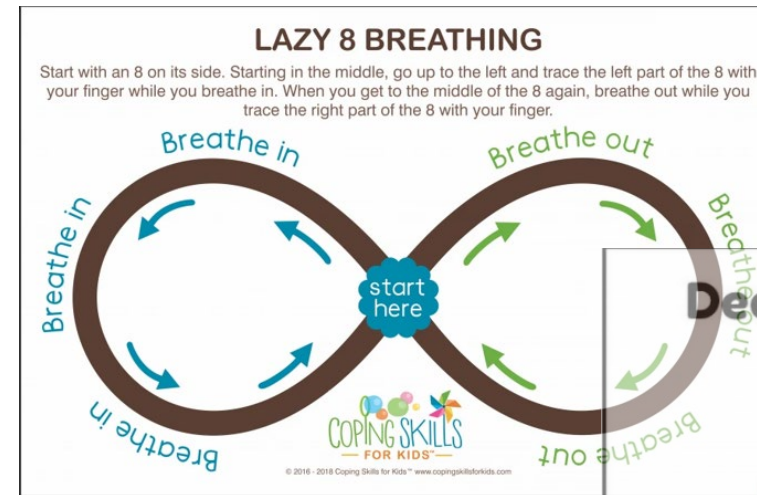
Deep breathing requires breathing in through your nose slowly, filling your belly with air like it's a balloon, and slowly exhaling through your mouth.

One easy strategy to get started with this is called Figure 8 Breathing.

Imagine drawing a figure 8 on your skin (arm, leg, etc) with your index finger. I'm going to use this drawing to show you what to do. Start in the center. As you're drawing the first half of the figure 8, breathe in through your nose, into your belly for three seconds. When you get to the middle, hold your finger still for one second. Then, for the second half of the figure 8, breathe out through your mouth slowly for three seconds. When you get to the middle, hold for one again. (Repeat three or four times).

I would recommend practicing this when you notice your body feeling anxious.

Additional resources to recommend: Apps: search for "calm" (<https://www.calm.com/>) or "the breathing app" (<https://eddiestern.com/the-breathing-app/>) in apple app/google play app store. Website: <https://students.dartmouth.edu/wellness-center/wellness-mindfulness/relaxation-downloads> (enter "Dartmouth relaxation" in internet search engine)





# Brief Interventions - #3 Thought Challenging

## Anxiety/Balanced Thinking Intervention (10 years old +)

### Intervention Script:

Anxiety is the body's response to stress. It makes sense that you would be feeling more anxious with all the current changes and concerns related to the virus everyone has been talking about.

When we are anxious or stressed, we always seem to notice the things that aren't quite right, but we are not very good at noticing all the positive or good things that happen.

Each night before you go to bed, think of 3 things that have happened that have made you feel good. These could be things like: something fun you did with your family, something or someone you are thankful for having in your life, things others said that made you or someone else feel good.

Each day write down 3 good things. Some kids use their own journal. Or some like using a worksheet like this (see attached).

And if you can't think of three good things, then ask someone to help you.

Let's practice now (use attached "Looking for the good worksheet" and help them identify 3 good things from today (or yesterday) using prompts like the following).

1. Today I was proud of myself because...
2. One good thing that happened today was...
3. Today I smiled when...
4. Something good I saw someone do was...
5. Something I was thankful for today was...
6. Something funny that happened today was...

**Guidance for Parents:** Children may need support in identifying 3 good things each day. It can be helpful to prompt your child with questions like (see above)

Some families choose to do this as a family activity. For example, at family dinner, every family member shares the 3 best parts and 3 most challenging parts of their day (their daily "Roses and Thorns"). It is helpful to do this as a family because it models for children seeing both the positives and negatives of their day and normalizes these experiences.

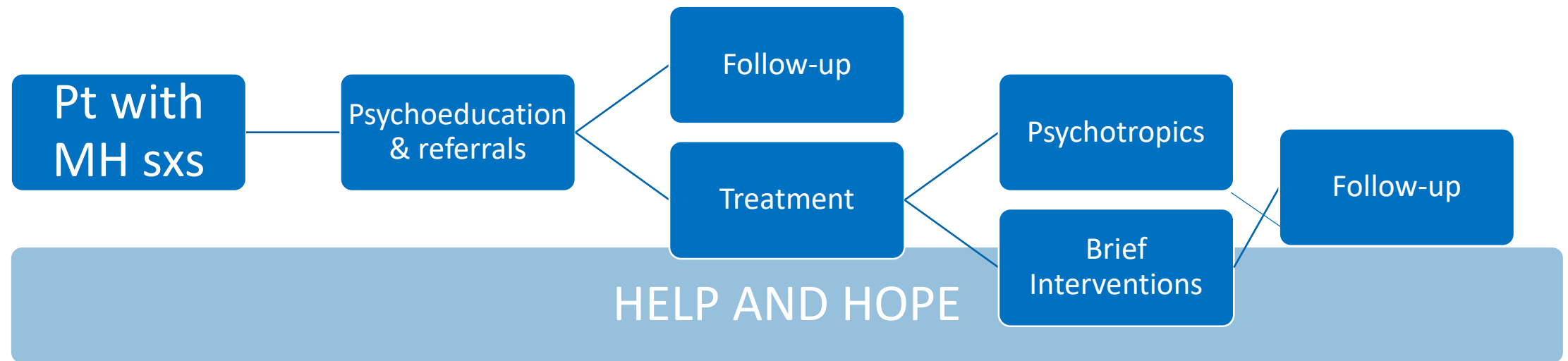
## Looking for the good

Write 3 things that you did well, made you feel good, that went "right", that you are thankful for...



Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday

# Example





# Handouts/Resources

- [AnxietyCanada.com](https://www.anxietycanada.com)
- [Therapistaid.com](https://www.therapistaid.com)
  - <https://www.therapistaid.com/worksheets/cbt-triangle.pdf>
  - <https://www.therapistaid.com/worksheets/cycle-of-depression.pdf>
  - <https://www.therapistaid.com/worksheets/cycle-of-anxiety.pdf>
- [Cycle of Depression:  
https://www.cci.health.wa.gov.au/~media/CCI/Mental-Health-Professionals/Depression/Depression---Information-Sheets/Depression-Information-Sheet---04---Vicious-Cycle-for-Depression.pdf](https://www.cci.health.wa.gov.au/~media/CCI/Mental-Health-Professionals/Depression/Depression---Information-Sheets/Depression-Information-Sheet---04---Vicious-Cycle-for-Depression.pdf)

# Handouts/Resources

- [kidshealth.org](https://kidshealth.org)
- [AACAP Resources - Facts for Families](#)
- [RI Parents Guide to Mental Health](#)
- Contact PediPRN
  - Direct you to specific online resources/tools
  - Create content

# Resources: Screeners and Instructions

- **PSC (Pediatric Symptom Checklist)**  
<https://www.massgeneral.org/psychiatry/treatments-and-services/pediatric-symptom-checklist/>
- **PHQ-A (modified PHQ-9, or PHQ-9M)**  
[https://www.aacap.org/App\\_Themes/AACAP/docs/member\\_resources/toolbox\\_for\\_clinical\\_practice\\_and\\_outcomes/symptoms/GLAD-PC PHQ-9.pdf](https://www.aacap.org/App_Themes/AACAP/docs/member_resources/toolbox_for_clinical_practice_and_outcomes/symptoms/GLAD-PC_PHQ-9.pdf)
- **GAD-7** <https://www.phqscreeners.com/>
- **CRAFT 2.1** <https://craftt.org/get-the-craftt/>
- **EPDS** <https://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf>

# Resources: BH Treatment Guidelines for Pediatricians

- **MCPAP Guidelines and Clinical Pearls**

<https://www.mcpap.com/pdf/MCPAPGuidelines-Pearls-Book.pdf>

- **Primary Care Principles for Child Mental Health**

<https://www.seattlechildrens.org/globalassets/documents/healthcare-professionals/pal/wy/wy-pal-care-guide.pdf>

# Next Learning Sessions

## **April 19, 8:00-9:30AM Impact of COVID on children's social-emotional development**

In this learning session, we will provide a framework of social-emotional development and how younger children's achievement of developmental tasks may have been impacted by the COVID pandemic. We will discuss how practice staff can help parents understand what their kids missed, why they may be behind, and what they can do to help (and what they don't necessarily have to worry about). We encourage participants to bring specific cases or questions to the session.

Zoom: <https://ctc-ri.zoom.us/j/93572867243?pwd=L1h2dDkvc2VMeklRRW1iRlZ2NnJTQT09>

Meeting ID: 935 7286 7243; Passcode: 646876;

One tap mobile: +16468769923,,93572867243#,,,,,0#,,646876#

## **May 12, 7:30-9:00AM Behavior Plan Basics**

In this learning session, we will provide training on how to help parents create a basic behavior plan for younger kids with disruptive behaviors and behavioral contracts that support healthy routines in older children (e.g. sleep, managing electronics). We encourage participants to bring specific cases or questions to the session. Handouts/resources will be provided.

Zoom: <https://ctc-ri.zoom.us/j/95924498814?pwd=SkltUud4UjVZNjlaSOJpYzhpTTdUQT09>

Meeting ID: 959 2449 8814#; Passcode: 646876#

One tap mobile: +13017158592,,95924498814#,,,,,0#,,646876#

# Evaluation & CME

- Completion of the evaluation form is **required** to meet the Psychosocial and Behavioral Health TA requirement for the Medicaid Pediatric Recovery Program third payment.
- Please provide us your feedback!
- Evaluation/Credit Request Form: <https://forms.office.com/r/J69PnPzeiM>
- Please request CME credits when filling out the evaluation at the end of the meeting.



*The AAFP is reviewing 'Advancing Community-Oriented Comprehensive Primary Care Through Improved Care Delivery Design and Community Health,' and is pending approval for AAFP credit.*

*Physicians should claim only the credit commensurate with the extent of their participation in the activity.*

*NPs and RNs can also receive credit through AAFP's partnership with the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Board (AANPCB).*

# Example of tx reluctant pt – MI grid to help understand barriers

	Advantages	Disadvantages
Not Change		
Change		

- ‘A directive, patient-centered counseling style for eliciting behaviour change by helping patients to explore and resolve ambivalence.’ (Rollnick and Miller, 1995)
- Main Principles
  - Listen
    - Start the conversation with non-judgmental questions
    - Reflect, empathize
  - Support development of discrepancy
  - Roll with Resistance
  - Support self-efficacy
    - Convinced does not equal confident

# Example of tx reluctant pt – MI grid to help understand barriers

## Building Discrepancy

How will your life change if you choose to either continue or quit using drugs and alcohol?

My career, school, or professional life will be affected...	
If I continue using:	If I quit using:

My relationships with my family and other loved ones will be affected...	
If I continue using:	If I quit using:

My relationships with friends will be affected...	
If I continue using:	If I quit using:

- ‘A directive, patient-centered counseling style for eliciting behaviour change by helping patients to explore and resolve ambivalence.’ (Rollnick and Miller, 1995)
- Main Principles
  - Listen
    - Start the conversation with non-judgmental questions
    - Reflect, empathize
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  - Support self-efficacy
    - Convinced does not equal confident