Building evidence-informed models of brief services within behavioural and narrative frameworks

Promoting Flexibility in Evidence-Based Practice

Strengths of STP-CMH
1. A systematic method of intervention that allows critical inquiry of effectiveness of services
2. Use of evidence to inform clinical decision making in (a) determining what the presenting concern is and how it connects with treatment (b) deciding amongst treatment targets when a person presents with comorbidities
3. Utilizes only the most effective components of longer interventions in a brief format
4. Establishes an evaluation framework that is more sensitive to change than many of the methods used in short-term work to date

PEOPLE

Inclusion
• Age
  – 4 to 19 years old
• Symptoms / Functioning
  – Meet screening interview criteria and CAFAS < 50, OR
  – CAFAS > 50 where: (1) there is a specific manageable goal in behaviour, anxiety or mood; and (2) the individual receives concurrent services to appropriately support
• Motivation
  – Participants rate motivation AND confidence in ability to solve problem > 4 out of 10

Exclusion
• This protocol is not sufficient for...
  – Active self-harm, suicidal acts
  – Bipolar disorder
  – Abuse prevention within the family
  – Post-traumatic stress disorder
  – Obsessive compulsive disorder
  – Psychotic disorders

Who implements?
• Anyone competent to provide ‘psychotherapy’
  – Each agency may specify further depending on the core competencies of a person’s position and supervision needs
• A ‘Practice Lead’ is needed for each agency who acts as a resource, keeps track of training needs and can survey treatment integrity
DESIGN

Trial design

- Intake to agency / program as usual
- Initial consultation (Session A1)
- If eligible for service, informed consent is obtained. If consent not obtained, treatment-as-usual.
- If consent obtained, client randomized by lead to STP condition or control treatment-as-usual condition (measurement)
- Measurement taken at Session B2 and Session C5 (7 wks)

Training

- Training to be determined based on experience of clinicians and location of interested agencies
- Web-based training will be emphasized, with follow-up for practice leads

Measurement

- Child
  - Anxiety: MASC
  - Mood: CDI-2
  - Other: BASC2 SRP
- Parent
  - BASC2 PRS in all treatment arms
- Clinician
  - Demographic questionnaire
  - Session checklist

PROTOCOL
Initial Consultation (A1)

• Methods of eliciting goal areas consistent with best practices and large-scale clinical trials
• Screens for conditions requiring further investigation or treatment
• A brief motivational intervention to increase commitment of the family to treatment, or suggest further time to consider treatment advantages where warranted

Intake session

• Screen behaviour, fear, mood / worry using questions adapted from gold-standard structured clinical interviews
• Functioning assessed with CAFAS domains
• Assess problem’s importance and client’s confidence in tackling problem (optional motivational intervention)
• Use screening questions to rule out serious concerns PRN

Algorithm

• Behaviour and anxiety more prevalent than mood problems
• Positive parenting a foundation for implementing subsequent interventions
• Treatment of anxiety linked to treatment gains in anxiety/mood comorbidity
• Comorbid mood does not impact anxiety treatment
• Treating depression does not successfully decrease behaviour problems

Initial Consultation (A1)

• An evidence-informed treatment decision-guide that, based on the client’s difficulties, suggests a treatment most-likely to match their needs
• Suggested scripts for informed-consent purposes that describe the proposed treatment and evidence-based alternatives the family may engage in.

Behaviour

• Indicators
  – Severe temper outbursts > 1 / wk, argues with adults nearly daily, doesn’t follow rules nearly daily
• Content -> Not specified
  – Compatible interventions would be similar to Primary Care Triple P—Level 3
  – Protocol to be developed of specific need

Exposure for fear & anxiety

• Exposure used in 87% of current ESTs
• < 5 hrs proven effective for at least specific phobia
• Adding cognitive restructuring or unnecessary skills-training is associated with decreased effect in adult anxiety and child behaviour interventions
• Up to 2 modules of other common components may also be utilized as needed
  – problem solving, emotion regulation, relaxation, assertiveness, communication, social interaction

Fear and Anxiety – Session B2

• Psychoeducation (Child)
  – Anxiety is thinking, feeling, doing
  – Anxiety might be a false alarm
• Construction of fear ladder
  – Fear thermometer
  – 10 ranked most-likely situations
• Skills assessment (social skills, relaxation)
• Parent psychoeducation, fear ladder

Fear and Anxiety – Session B3

• Exposure (Parent & Child)
  – Discrete, continuous, or imaginal exposure
  – Remind that practice makes things easier
  – Fear rating
  – Expose until sufficient calming
  – Debrief and move to next step

References


Fear and Anxiety – Session B4

- In vivo exposure where possible
- Encouraging parents to take lead on exposure where possible

Behaviour activation for mood and worry

- BA used in 61% of current ESTs
- Cognition minimized as
  - Negative thoughts less associated with onset in youth
  - Experts caution against introducing CR too early
  - CR does not provide additional benefit in adults
- Up to 2 modules of other common components may also be utilized
  - problem solving, emotion regulation, relaxation, assertiveness, communication, social interaction

Sadness and Worry – Session B2

- Sessions primarily with adolescent, or parent of a child
- Psychoeducation
  - When we feel down, we avoid people and problems. Act better, then feel better.
- Goal setting
- Recording
  - Emotions thermometer
  - Activity Record


Graphs and images:

- Graph showing progression from 0 to 8 with different levels indicated.
- Tracking Sheet with columns for different times of the day from 6am to 9pm, and rows for different activities or emotions.
Mood & Worry – Session B3

- Review recording
- Identify treatment targets
- Activities to increase
  - Therapist helps to identify, and adjust frequency and intensity. Consider Premack principle.
- Activities to decrease (avoidance)
  - Validation of natural tendencies, define problem in concrete terms and problem solve, clinicians assist to grade tasks and follow Premack principle

Mood & Worry – Session B4

- Troubleshooting task engagement
  - Make task understandable
  - Grade tasks (start small)
  - Skills training required (social, assertiveness, cueing, relaxation)
  - Competing contingencies
- Troubleshooting lack of emotional response
  - Making a part of a routine (keep practicing)
  - Decrease rumination (recognize, breathe, and follow 1 or 2 strategies)

Family Tailored Intervention – Session B2

- Define problem and benefits of change
- Note pre-session change and strengths/interests of client
- Construct goal, scaling, and sub-goals
- Identify potential solutions and skills modules
- Trouble-shoot difficulties (potential role play)

Optional Skills Building Modules

- 1-2 Modules (if more, than refer)
  - Social interaction (1 to 1 conversation, group conversation, non-verbal)
  - Communication (listening, compromising, assertiveness)
  - Relaxation
  - Beating stuck thinking
  - Problem solving

Brief Metaphor / Narrative Intervention

Everett McGuinty

David Armstrong
Narrative Therapy: a two act play

- where the first act (or story) is primarily about deconstruction (through externalizing the problem), and the second act is about the subordinate (story) line development
- flexible structure as movement does flow back and forth (and sometimes with the second act preceding the first)
- second act supports the preceding and fundamental externalizing first act
- structure of narrative therapy repeats itself purposefully, serving two purposes:
  1. by laying down the structure in the first act, the person has learned a set script for describing an experience following certain steps, and when the person experiences the second act, they are repeating the structured steps for a second time, reinforcing and scaffolding the learning process
  2. this purposeful repetition deepens the learning, perhaps physiologically, for longer-term autobiographical memory retrieval and integration/consolidation of what was learned

The Treatment Protocol

- 4-session model using various approaches including: solution-focused; narrative therapy, metaphor therapy, and cognitive behavioral therapy
- eligible participants: 12-18 years old; presenting with sadness, worry, irritability, stress or fear; CAFAS scores 80 or less
- exclusion criteria: harm to self/others
- one-page guide for each session
- Sessions:
  - Session 1: Externalizing the problem
  - Session 2: Metaphor development
  - Session 3: Metaphor development/shift
  - Session 4: Generalization of metaphor

Session 1 – Externalizing the problem

- Elicit strengths & resources
- Name & describe the problem
  - Use “the” worry, “the” blackness, ...
- What does “the problem” say about how you think, act, and feel?
- How does the problem impact their life, and ultimately take a position against the problem

Session 2 – Metaphor development

- Has labeling “the problem” changed the client’s interpretation or understanding of their situation?
- Create a physical representation of the problem using discussion or other mediums
- Continue to explore problem and how a person thinks, acts and feels, as well as the ‘relationship’ between self and problem.
- Ask about preferred way of being in the world, hopes, dreams
- May choose ancillary strategy / skill

Session 3 – Metaphor Development & Shift

- Has metaphor changed?
- Has change occurred / strengths being used?
  How has any positive impacted severity of “The Problem”.
- How does this change how you think / act / feel / relationship with the problem
  - Having power over it, etc?
- May choose ancillary strategy / skill
An evidence-informed, brief protocol for internalizing problems in children’s mental health

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