

COMMON ELEMENTS OF EVIDENCE-BASED PRACTICE AMENABLE TO PRIMARY CARE: INDICATIONS AND SOURCES

Indications ^a	EPB Sources ^b	Common Elements of EBPs Amenable to Primary Care
<p>Preparation of patient or family to address any health risk or mental health need</p> <p>Resistance to care seeking</p> <p>Barriers to care seeking</p>	<p>Family therapy</p> <p>Cognitive behavioral therapy</p> <p>Motivational interviewing</p> <p>Family engagement</p> <p>Family-focused pediatrics</p> <p>Solution-focused therapy</p>	<p>“Common factors” communication techniques</p>
<p>Pain</p> <ul style="list-style-type: none"> • Acute (eg, injury, illness, procedural) • Chronic or recurrent (eg, chronic illness, disability, trauma, recurrent procedures) <p>Stress</p> <p>Habit problems and disorders</p> <p>Behavioral problems (eg, attention problems, anger management)</p> <p>Medical-biobehavioral disorders (eg, asthma, migraine, Tourette syndrome, inflammatory bowel disease, warts, pruritus)</p>	<p>Self-regulation therapies and mind-body therapies</p>	<p>Teach...</p> <ul style="list-style-type: none"> • Breathing techniques • Relaxation (eg, progressive muscle relaxation) • Mental imagery • Self-hypnosis <p>Offer adjunct biofeedback.</p>
<p>Anxiety (eg, performance anxiety [eg, examinations, stage fright, sports], anxiety disorders, PTSD, phobias)</p> <p>Psychophysiological problems (eg, enuresis, encopresis, conditioned nausea and vomiting, irritable bowel syndrome, sleep disorders)</p> <p>Chronic disease, multi-system disease, and terminal illness (eg, cancer, hemophilia, AIDS, cystic fibrosis, diabetes, chronic renal disease)</p>		
<p>Anxiety</p> <p>Phobias</p>	<p>Cognitive behavioral therapy for anxiety</p> <p>Young children: PCIT</p> <p>(See also “Self-regulation therapies and mind-body therapies” cell earlier in this table.)</p>	<p>Provide psychoeducation.</p> <p>Gradually increase exposure to feared objects or activities.</p> <p>Teach...</p> <ul style="list-style-type: none"> • Relaxation strategies • Positive self-talk • Thought stopping or substituting • Thoughts of a safe place <p>Reward brave behavior.</p>

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Symptoms related to a past trauma	Trauma-focused cognitive behavioral therapy Young children: <ul style="list-style-type: none"> • Child-Parent Psychotherapy • PCIT 	Gently challenge negative thoughts about shame, guilt, and hopelessness. Encourage self-care and ways of seeking a feeling of security. When symptoms are prominent, suggest distraction, relaxation, or supportive company. Plan to manage or avoid unnecessary or extreme triggers. Provide positive attention for positive behavior. Remove attention for provocative behaviors. Provide safe, consistent consequences for unsafe/unacceptable behaviors. Define the importance of a healthy relationship for recovery.
Low mood Depression	Cognitive behavioral therapy for depression	Provide psychoeducation. Gently challenge negative thoughts. Use behavioral activation (ie, more of enjoyable activities [“prescribe pleasure”]). Focus on strengths, not weaknesses.
		Teach... <ul style="list-style-type: none"> • Distraction • Problem-solving skills • Rehearsal of behavior and social skills • Expressive writing Facilitate conversation between parents and youth that is focused on youth’s concerns. Reinforce social supports.

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<p>Any symptoms associated with...</p> <ul style="list-style-type: none"> • Inconsistent parenting • Harsh discipline • Inappropriate parental expectations <p>Disruptive behavior</p> <p>Aggression</p> <p>Conduct problems</p> <p>Inattention</p> <p>Hyperactivity</p>	<p>Parenting education</p> <p>Examples:</p> <ul style="list-style-type: none"> • The Incredible Years • Triple P – Positive Parenting Program • PCIT • “Helping the Noncompliant Child” parent training program 	<p>Teach...</p> <ul style="list-style-type: none"> • Positive time with parents • Encouragement and rewards for positive behavior • Prevention of triggers • Emotional communication skills • Consistent, calm consequences for negative behavior • Reparation for negative behavior • Clear, simple commands and limit setting • Correct use of time-out • De-escalation techniques • Practice of skills
<p>Substance use</p> <p>Other risky behaviors</p> <p>Poor adherence to therapy</p>	<p>Motivational interviewing</p> <p>Family-centered therapy</p>	<p>Request patient’s permission to engage.</p> <p>Assess stage of readiness to act.</p> <p>Use Elicit-Provide-Elicit sequence in brief interventions.</p> <p>Listen for and reflect “change talk.”</p> <p>Address barriers to change.</p>
<p>Family conflict</p>	<p>Family-centered therapy</p> <p>Motivational interviewing</p>	<p>Apply the following techniques:</p> <ul style="list-style-type: none"> • Unconditional positive regard • Active listening • Affirmation • Reflection • Open-ended questions • Professional neutrality • Reframing • Summaries

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<p>Symptoms of emotional distress in young children (eg, dysregulation, aggression, extreme tantrums, irritability, unhappy mood, extreme anxiety, lack of social reciprocity with caregiver, poor attachment)</p>	<p>Parenting education (See examples in the “Parenting Education” cell earlier in this table.) Promoting First Relationships Parents as Teachers Child-Parent Psychotherapy Cognitive behavioral therapy</p>	<p>Reframe child’s perceived bad behavior. Reinforce strengths and protective factors. Teach... • Prevention of unnecessary or extreme triggers • Attention and praise for positive behavior • Clear, simple commands and limit setting • Relaxation and anxiety management • Consistent, safe responses to negative behavior Special time (“time in”) with parents</p>

Abbreviations: EBP, evidence-based practice; PCIT, Parent-Child Interaction Therapy; PTSD, post-traumatic stress disorder.

^a Use of common elements approaches for these indications should not delay full diagnostic evaluation or definitive therapy if the patient’s symptoms suggest a psychiatric emergency, severe impairment, or marked distress. Common elements approaches are well suited to the care of patients whose symptoms do not reach a diagnostic threshold, the care of patients who are resistant or otherwise not yet ready to pursue further diagnostic assessment or treatment, and the care of patients who are awaiting further diagnostic assessment and treatment.

^b See Appendix 6, PracticeWise: Evidence-Based Child and Adolescent Psychosocial Interventions, for more information about these evidence-based practices.

