

# COVID-19 Behavioral Health Support Guidance for Children, Youth, and Teens in Crisis

## Purpose

This document provides information and guidance for pediatric primary care providers regarding the current behavioral health status of children, youth and teens in Washington State, specific evidence-based interventions to use with children and youth, and handouts for families and caregivers.

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## Section 1: Provider Alert: Current Status of Behavioral Health Concerns for Children, Youth, and Teens

Behavioral health concerns for children and youth have remained high in our state throughout the summer months, which is atypical during most years. In the summer of 2021, the typical “summer slump” in demand for behavioral health services in youth did not happen. The

number of children and teens needing behavioral health services, particularly crisis services, has remained high.

There has been an uptick in children and youth struggling with depression, anxiety, eating disorders, and self-harming behaviors. In addition, a surge in youth presenting with suicidal ideation and suspected suicide attempts to Emergency Departments statewide has occurred. The Northwest Healthcare Response Network has been gathering data on available acute care and intensive care beds for youth from all hospitals who admit pediatric patients. Numbers of youth who are “boarding” in acute care beds and in EDs have created significant impact on the overall healthcare system for pediatric patients. Children with other illnesses are unable to transition out of intensive care and when they present to the ED may not have access to an acute bed.

This lack of access was particularly concerning with the onset of “respiratory season” when influenza, RSV became more prevalent and cases of COVID-19 increased. During fall/winter of 2021 and early spring 2022, significant percentages of ED beds were utilized by behavioral health boarders to such an extent that hospitals EDs have had to open alternate care sites for the Behavioral Health boarders. These have included un-utilized office space, tents, a gymnasium, and hallway spaces. The youth boarding are not receiving behavioral health care.

For children and families, the disaster cascade triggered by the Delta and Omicron is likely to increase the risk for and acuity of behavioral health symptoms and behaviors over the next several months. Children and youth are experiencing significantly negative and disproportional behavioral health impacts of this disaster cascade. Some of the symptoms and behaviors that have been common for this group may be related to social and friendship disruptions, back-to-classroom and academic anxieties, and family stresses as a result of unpredictable quarantines and exposures.

The combination of the degree of acuity, lack of professional behavioral health resources (outpatient providers and appointment times) and health care system shortages (PICU, ED beds and staffing) have resulted in the need to provide supplementary behavioral health triage and intervention information to anyone in a primary care or support role who has the opportunity to work with youth. The additional sections found here are designed to provide both flow-chart processes and suggestions as well as real-time clinical behavioral health support interventions for parents, caregivers, and youth, which can be provided by primary care pediatric providers.

## **Section 2: Navigating the Behavioral Health System in Washington: Steps, Processes, and Options**

Supporting a child or teen in crisis can be anxiety-provoking, which can then lead to an immediate response of either sending the youth to the ED or to attempting to obtain a psychiatric bed. During the current crisis, some youth are ending up “boarding” in the ED without treatment for substantial periods of time. In addition, inpatient psychiatric care is not appropriate for all youth in crisis. Understanding how the mental health system in Washington works is the first step to recommending the appropriate level of care for youth.

The ideal for care is the “least restrictive” option to allow the youth to recover from the current crisis. This care can include:

#### Low level

- Current level of care with increased supervision, improved safety planning, and restriction of means to self-harm
- Increased level of service, which might include increase in weekly sessions with a current behavioral health provider

#### Moderate Level

- Selective wrap-around services, more likely to be available for youth on state insurance than those with commercial insurance
- Emergency Department evaluation and disposition

#### More Restrictive

- Intensive Outpatient/partial hospitalization
- Residential program

#### Inpatient Treatment

- Generally, very short, e.g. a few days
- Provides a safe setting during crisis
- Re-evaluate and refine diagnoses
- Medication re-evaluation
- Brief skill building
- Psychoeducation for parents

#### Inpatient Criteria

- Imminent risk for self-injury or injury to others
- Active psychiatric disorder which can either be more efficiently treated or allow for quicker decrease in patient suffering
- Acute and serious deterioration from baseline function
- Imminent risk for acute medical deterioration due to active psychiatric symptom
- Outpatient care is not maintaining
- Weight loss such that patient is 15% below ideal weight or failing to gain weight during a period of growth

**Pro**= short term crisis stabilization with high supervision, start meds, line up outpatient support

**Con**= “band-aid”, negative reinforcement and identity

**From** [“Kids are in Crisis; How do I navigate the System?” Erika Miller, BSN, PMH-BC<sup>a</sup>](#)

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<sup>a</sup> <https://providernews.seattlechildrens.org/accessing-youth-mental-health-services-and-support-during-covid-19-a-q-kashi-arora-and-sophie-king-mha/>

## What Can Primary Care Providers Do?

Primary care providers can encourage routine screening for suicide risk in patients, particularly children and teens. Suicide screening can be part of yearly “well check” visits – more often for children and youth who are struggling with depression or anxiety. Some children and youth who screen at risk for suicide may not have presented previously with behavioral health concerns. An excellent resource on suicide assessment and safety planning for primary care pediatric providers can be found on the [Washington Chapter of the American Academy of Pediatrics<sup>b</sup>](#) webpage.

## Section 3: Strategies to Support Behavioral Health

In addition to routinely screening for suicidal behaviors, primary care providers can also provide brief supportive interventions for children and youth struggling with symptoms of anxiety and depression, executive function, and stress-related somatic concerns. When access to outpatient behavioral healthcare is severely limited the primary care provider may need to step into the role of providing some simple interventions and coaching for both youth and parents.

Over the previous two years (2020 – 2021), reporting was clear that a substantial amount of appointment time (somewhere between 50% – 60%) was spent on behavioral health issues by primary care providers. Many providers’ clinic days involved short (15 minute) appointments. While not ideal for a behavioral health intervention, it can still offer benefit.

Once behavioral health issues have been identified and screened, the primary care provider can consider a series of short appointments, weekly or twice monthly, to specifically provide some intervention. This can assist the child until they are able to access care with a behavioral health provider.

At each follow up visit, the provider can check in with the child or teen to hear about what they’ve been working on. The provider can support and coach the ongoing monitoring of mood, anxiety, and parent and child reports of how things are going. Simply tracking effort and progress can be a powerful intervention. Providers will be able to support parents in helping their children until additional care can be provided. Sometimes even these simple interventions over a few sessions will help to re-set the family dynamics and help the child to get on a path to resilience versus increased psychological disorder. Timely interventions while in the early course of symptoms can often help children avoid a descent into crisis.

## Anxiety and Separation Issues

Coach parents and provide psychoeducation on anxiety and evidence-based ways to assist their child or teen. Primary messages are:

- The only way to get past anxiety is to practice confronting the situations that lead to anxiety.
- Avoiding the situation tends to make anxiety worse and more complex.

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<sup>b</sup> <https://wcaap.org/webinars/introducing-the-supporting-adolescent-patients-in-crisis-toolkit/>

- Parents can support their child or teen in confronting anxiety-provoking situations and model the same.
- Distress is not the same as psychological trauma. Confronting anxiety can be distressing. Mastering anxiety can be empowering and enhance self-esteem. (See [Appendix A](#) for tools to calm anxiety)

## Calming Tools for Younger Children

### Bubble breathing

This is best learned and practiced when the child is calm and a couple of times a day. It should be automatic before attempted when a child is upset or anxious. A fun way to get children to learn to master their response to anxiety is to use bubble breathing. Using a bubble wand and bubble soap, follow the deep breathing instructions:

*“Breathe slowly in through your nose, feeling the air in your lungs expand down towards the tummy; pushing the tummy out as your lungs fill up with air. Slowly count to three and release the breath during another three count.”*

Ask the child to try to blow the biggest bubble they can. It is impossible to blow a big bubble without slowing down the breathing process and breathing deeply. Be sure to have them pause for a few seconds between bubble breaths. Remind parents and kids that this takes practice and that the first few times it’s tried when a child is anxious or upset, it may not feel as though it’s working. Practice will help. (See [Appendix A](#) for Bubble Breathing sample exercises)

**Ask the parent to keep track of how many times they practice bubble breathing and have them bring to their next appointment.**

### Progressive muscle relaxation – “scrunches”



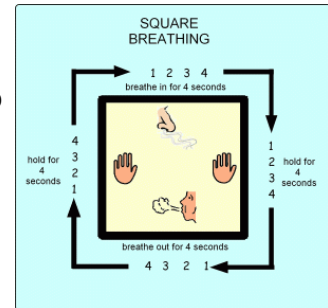
Have the child lie down on the floor or their bed. Count to three and ask them to tighten up as tight as they can into a little ball. They can pretend they are a “roly poly” or pill bug. Hold for count of three and then relax. Check the child to make sure all their muscles are loose and relaxed. You can do this by gently picking up an arm or leg and wiggling it to make sure there is no tension. This allows kids to sense the difference between how their body feels when it’s relaxed vs tense. Repeat the scrunches 3 more times. This is a good tool to use before bedtime. Ask the parent and child to track how many times they’ve practiced since you last met.

## Calming Tools for Older Children and Teens

### Square breathing (tactical breathing)

You can't panic if your body isn't in panic mode. Start by practicing control with your breathing. Slow your breathing by counting slowly to three or four for every breath in and out. Try to breathe in through the nose, and out through the mouth.

Use square breathing (make a square with your finger in the air using a four count for each side of the square)



### Bio-feedback- pulse checking – for older kids 10+

Teach kids how to check their own pulse. Show them by using a clock or watch, taking their pulse for 6 seconds, and then add a zero to the 6-second number result to get an approximate pulse range. For children who are anxious, this biofeedback tool is a good option to help them learn that they can regulate their body's response. Suggest that they check their pulse, do some breathing, and mindfulness or meditation exercise, and then recheck their pulse to verify they are more relaxed.

## Thinking Tools for Young Children

### Identifying anxious thoughts

Help parents and kids identify anxious thinking. Anxious thoughts often begin with a child expressing "what if...". When the child is expressing anxiety by asking many questions, this is a good time to help the child identify what's going on. "This sounds like a worry thought. Tell me what you think the answer is." This helps the child shift from always relying on the parent to explain. After teaching about this tool, ask the parent and child to share what they've identified as the child's worry thoughts at the next appointment. (See [Appendix B](#) for identifying anxious thoughts)

#### "Detective Thinking"

When the child is anxious about something, ask them to find the evidence that it's true. You write down the answers. For example, "I'm afraid that you won't remember to pick me up after school". Detective questions might be "has that ever happened?" "what might you do if it did happen?" "what do you think is the worst thing that could happen?" "how likely is that to happen". This helps children push back against anxious thoughts and learn to independently cope. You can also use an example of a time they worried and explore what actually happened. (See [Appendix B](#) for "Detective Thinking" worksheet)

At the next appointment, ask the parent and child to share some of the child's "detective thinking" used after the last appointment.

### Externalizing

Help children and parents to think of anxiety as something external versus who the child is. Use language like "Your worries want to make you stay home and miss school and seeing your

friends...when you go anyway, you are winning against the worries. We want you to be the boss of your life, not your worries.”

### **Behavioral approaches**

Incentives and rewards for “acts of courage” can help children to face anxiety provoking situations. Providers can encourage parents to create a list, with the help of their child, of activities which are challenging and offer points or tokens for doing the activity or trying something that is hard. More points for things which are harder and less for things which are a little easier. For example, “going to school even if your tummy hurts a little”. Children can trade the points or tokens in for rewards such as extra bedtime story, trip to buy a small toy, etc. As the child masters the easier activities, remove them from the list. This token program can also be used to help with negative behaviors. Ask the child and parent to bring in the list to talk about at each appointment. (see [Appendix C](#) for Sample Token Program)

### Thinking Tools for Older Children and Teens

**COPE<sup>©</sup> skills are THINKING skills- they teach us how to use our minds in ways that help us feel better.**

Key concepts for **COPE<sup>©</sup>**

- Help kids learn how to change their thinking,
- Establish healthy patterns
- A greater sense of control

(see [Appendix D](#) for **COPE<sup>©</sup>** practice)

### **Check, Observe, Plan, Execute – COPE<sup>©</sup>**

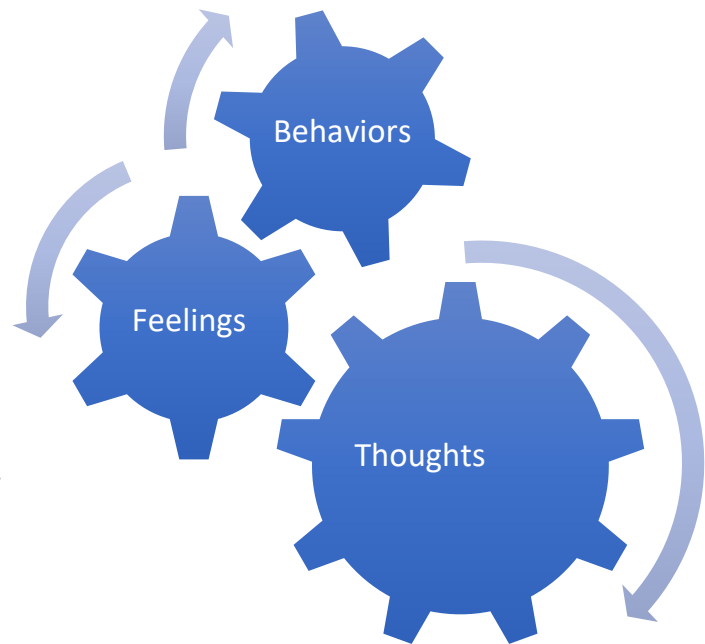
- C**     **Check** for your automatic reaction (thought)
- O**     **Observe** the emotion and behavior connected to the reaction
- P**     **Plan** an alternative thought, reaction, or response
- E**     **Execute** positive change through practice and repetition

(See [Appendix D](#) for **COPE<sup>©</sup>** Model practice sheet)

- When you are worried about something, try to find a new or different way of thinking about it. If your thoughts make you feel sad or angry, what are some things you can think about that help you have different feelings?
- Thoughts, Feelings and Behaviors are all connected. To change one, you just have to change ANY of them.
- How can you change a ‘bad’ thought into a ‘good’ thought? It may not be as hard as it sounds. The trick is to just find a little bit of a **different** thought. Sometimes you can ask yourself what is the true thought. If something you are thinking is really bothering you, try to find a thought that is just a little different. It doesn’t have to be something wonderful or

even happy- just different. Trying out a different thought can change how we feel and how we act!

- If it is hard to change your thoughts, even a bit, then maybe try changing a behavior or an action. Just a small thing can make a big difference in mood (feelings) and outlook (thoughts).
- Try talking to someone new- ask them something about themselves- or try a new routine- get up and go to bed at the same time each day, do homework at a different time when you have more energy, or any number of other things. Try smiling and saying hello to someone you pass. ANYTHING new can start a chain reaction for thoughts, feelings and behaviors.
- Just like gears in any system, thoughts, feelings and behaviors within people are all connected. By changing one, you can change the other two. Feelings are the easiest to notice, but harder to change than thoughts, so we will start with thoughts. By changing unhealthy thoughts and reactions, we can develop positive feelings and healthy behaviors.
- How can you change a ‘worry’ (caterpillar) thought into a ‘good’ (butterfly) thought? It may not be as hard as it sounds. The trick is to just find a little bit of a **different** thought. If something you are thinking is really bothering you, try to find an idea that is just a little different than that. It does not have to be something wonderful or even happy- just different. Trying out a different thought can change how we feel and how we act.
- **For older kids (10+):** Sometimes, imagining a special place where you feel safe and calm can help you feel that way when your worry thoughts take over. (*Help kids to **imagine and then describe** a physical place- maybe their room, the beach, a special fort, or any other place where they usually feel calm and safe. Have them practice taking their mind to that place for a few minutes when they feel angry or overwhelmed*). If you want to try this, please tell me about a place that you feel safe and calm- maybe your room, or a special fort, or place you have visited? (*ask them to describe what they see, hear, and even what it smells like to get them to connect to that place*).
- When your worry thoughts start to take over, you can take a break from them by going to this place in your mind. Just imagine all the things about it that you just told me, take some deep breaths, and give yourself a few minutes. Then, after you feel better, go back to what





you were doing. Learning how to control what you are thinking about will help you feel much better.

## Depression and Withdrawal: Younger Children

### Outside activity

Providers and Parents should encourage children to get outside each day unless the weather is incredibly rainy or cold. Children are more likely to do this if the adult joins in, so a daily walk or bike ride together is more likely to be successful than “go outside”. Ask the child and parent to track and report back on how many times the child has engaged in going outside since the previous meeting.

### Behavioral activation

Providers and parents can help the child choose one new thing to do. These should be an activity that is achievable and small, such as going out to get the mail or writing a note or drawing a picture for grandpa. A conversation might include what might get in the way of doing the action i.e. “what do you think might be hard about that?”, and then what the benefits of doing it might be. The child should be encouraged to practice the action even when they don’t feel like it. Rewards can be offered for doing the action. Ask the child and parent to track and report back on how many times the child has engaged in their activity since the previous meeting.

### Thinking tools

Providers and parents should encourage the child to identify thoughts that lead to sad feelings, and to come up with ways to counter those. Examples of might be “always/never” e.g. good things never happen to me, “black/white” e.g. I’m either a terrible person or a good person. Counter thoughts can be developed with the child e.g. “I’m not terrible. I just made a mistake”. Having the child or parent write down examples of when good things have happened or Just as with “worry thoughts” the parent and child should be coached to identify and counter the unhelpful thinking. Ask the child and parent to share what they’ve learned and how they’ve countered unhelpful thoughts.

## Depression and Withdrawal: Older Children and Teens

### Check, Observe, Plan, Execute – COPE<sup>©</sup>

- C**      **Check** for your automatic reaction (thought)
- O**      **Observe** the emotion and behavior connected to the reaction
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- E**      **Execute** positive change through practice and repetition

(See [Appendix D](#) for COPE<sup>©</sup> Model practice sheet)

### Pushing back on depressive thoughts

Provide information to parents and kids why thinking habits are important. For example:

*COVID-19 Behavioral Health Support for Children, Youth and Teens in Crisis*

- Thoughts cause an actual, physical, response in your body. Most of us are not aware of our own thoughts and whether they are negative or positive. We get used to how we think.
- Thoughts cause your brain to release chemicals and can create either feeling good or feeling bad.
- When the chemicals related to **positive** thoughts are released, your heart will slow down, your muscles will relax, your breathing will slow down, and you will be able to focus better.
- When the chemicals related to **negative** thoughts are released, your blood pressure will go up, your muscles will get tight, your heart will go faster, it's harder to concentrate, and the whole body will react to the stress.

### **Behavioral activation**

Behavior is sometimes easier to change than feelings or thoughts. One technique for changing behavior is called “behavioral activation”. Choosing an action that can realistically be done, that is also positive, helps to activate the reward centers of the brain, leading to better mood and function. Taking action is also a step toward building resiliency – the process of taking action builds a sense of purpose and a positive effort leads to a sense of self efficacy and control.

#### **Behavioral Activation steps are:**

1. Ask the person if there is something they want to change or help the person identify one, and only one, aspect of their life that they want to take an action to change, e.g. family or social relationships, education or work, helping others, spirituality.
2. Help the person choose one simple and realistic action or even just one accomplishable step in an action.
3. Encourage activities which lead to mastery and positive feelings.
4. Discuss things that could potentially get in the way.
5. Ask the person to imagine themselves doing the action. Ask them how it feels when they imagine doing it.
6. Encourage the person to do the action, regardless of how they feel.

A tool in Behavioral Activation to help the person remember the basics of this technique is the acronym **ACTION**:

- A**     **Assess** how this potential behavior will serve your interests
- C**     **Choose** to activate
- T**     **Try** out different behaviors
- I**     **Integrate** the behavior into your life
- O**     **Observe** the outcome when you do the behavior
- N**     **Never** give up

(See [Appendix F](#) for Behavioral Activation Worksheet)

## Addressing Negative or Counter-Productive Behaviors

### Pay attention to the good stuff (for all ages)

Notice when the child is doing something you want them to do and comment on it. You can praise “nice work getting your stuff picked up”. You can also simply comment “I noticed you got your homework done early”. Either one gives the child a sense that you’re paying attention to them, and not just paying attention to when they are getting into trouble.

For behavior that isn’t aggressive or dangerous, ignoring it can be the best approach. However, when you first begin ignoring, the behavior will get worse. **This is normal. If the ignoring continues the negative behavior will decrease and disappear.**

Being intentional about paying attention to positives and appropriately responding to negatives can often be enhanced by a more structured approach. (See [Appendix C](#) for Sample Token Program)

## Behavioral Management for Younger Children

It’s helpful to ask parents to spend a week gathering data on the behaviors of concern. The ABC method is a simple way to help identify the best approach.

- A**     **Antecedents** or what happened right before the negative behavior?
- B**     **Behavior**, meaning describe exactly what the behavior was, e.g. yelling, calling names, throwing things, etc.
- C**     **Consequences**, meaning what happened right after the behavior, e.g. parent yelled back, parent gave child what they wanted to help calm them down, etc.

Help parents to identify where best to intervene e.g. before the behavior by not having the child in a situation which is overstimulating, leading to melt downs. During the behavior by parent ignoring. After the situation by having the child pick up the toys they’ve thrown and losing TV time. (see [Appendix H](#) for ABC Behavioral Chart worksheet)

## Keys to More Effective Approaches

### Teach parents about child-directed play (for ages 2-6)

Pick a time each day when the child can have 5-10 minutes of 1:1 playtime. If possible, both parents should do this daily. The rules are simple but can be challenging to adhere to.

#### The rules are:

- No giving directions, e.g. “put the car over here.”
- No teaching, e.g. “what do you call that shape?”
- No questions, e.g. “why is that doggy over there?”
- Sit and watch for a few of minutes. The only comments should be to describe what the child is doing. This is kind of like the “play by play” announcer- e.g. “now the car crashed into the blocks...whoa the whole thing fell over.”

#### The goals are:

- To create a small block of time where the child gets focused interaction with the parent.
- To structure interactions so that it’s hard for the child to be oppositional.
- To make no demands made on the child, so they don’t get much chance to refuse.
- To provide a block of time when the child can be in control, but in a safe way.

Most kids love this playtime. If the child becomes demanding, out of control, or does something inappropriate, just tell them that special playtime is over. This type of play has been shown to decrease negative and oppositional behaviors and increase positive interactions between child and parent. (See [Appendix G](#) for **Child-directed Play handout**)

### Teach parents how to give effective directions

How directions are given can make a big difference. Teach parents the following:

- Ensure the child is paying attention **before** giving them the direction, e.g. pick up the toy, turn off the TV, make eye contact – “look at me please.”
- Be prepared to back up any request with a consequence. Don’t ask the child to do something if you’re not willing to follow through and make them do it.
- State the request without sounding optional, e.g. “Pick up the toys please,” not “How about if you pick up your toys, ok?”
- Do not give too many directions or requests at a time. One at a time is about all most young children can manage.

### Teach parents about “cool downs”

Young children often have issues handling stimulation. Not letting them wind up can be very helpful. If you see the child winding up in a situation, have them sit with you for about 30 seconds. This is not a punishment or a time out, but a chance to calm themselves. Often kids get into more trouble because they are getting too excited and can’t contain themselves. That’s when acting out is seen and kids generally ignoring adults. Just before you let them go, remind them of the rules, e.g. “remember to come when I call you.”

If a total meltdown occurs when you've asked the child to come and sit for a minute, treat it as any other meltdown by having them go somewhere else until done fussing. Reward and praise appropriate behaviors. Less conversation and attention to negative behaviors and more action, on the part of the parent when negative consequences are occurring, is appropriate and most effective.

## Behavioral Management for Older Children and Teens

### **Guide parents on dealing with concerning behaviors in older children and teens**

- Keep your temper, even when the child or teen can't keep theirs.
- Avoid trying to talk when the teen is angry, or the parent is angry.
- Teens who have suffered loss and disruption may act out as a way to cope.
- Teens and parents may have in common responses to trauma and ways to practice selfcare.
- Discuss (without lecturing) with teens the dangers of unhealthy ways of coping, e.g. alcohol or drug use, getting involved in violent or illegal activities, being in unhealthy relationships.
- Provide information on healthy ways to deal with stress.

### **Coach Parents on Drug/alcohol/relationship Concerns**

- Try to determine underlying issues that may be driving the teen's behaviors.
- Attempt to re-connect the teen with a support system.
- Explore additional professional support.
- Help the teen avoid friends who lead them to trouble and encourage friendship with those who encourage healthy behaviors.
- Help the teen think about long term consequences. What might happen if you didn't change anything for the next two years? What do you see happening to other kids who do these things for a long time?
- Parents model what you're teaching and avoid overuse of drugs/alcohol, unhealthy lifestyle. Build your own support system, pay attention to your own stress.

### **Help Parents with Communication**

Utilize strategies such as "active listening." It can help keep the lines of communication open, even when there is disagreement. Active listening means:

- NOT jumping to solve the problem
- Listening without interrupting (attempt to truly understand what the other person is trying to convey)
- Asking open-ended questions for clarification (e.g. who, what, why, how)
- Reflecting back a short summary of what you heard to make sure you understand
- If the youth wants help, only then offer some suggestions

## Effective Consequences

- Loss of privileges- works best when short term and linked to the behavior
- Assigning additional work- has advantage of building in positives for others
- An apology that is clear, accepts responsibility, and outlines what will change (written and delivered to the affected person)
- A writing assignment that explores the negative impact of their behavior e.g. “how stealing hurts others “

## Special Issues

### Helping the Grieving Child and Teen

- Do not avoid talking about the loss with the child/teen.
- Allow child/teen to participate in rituals and other activities related to death such as funerals and wakes.
- Be truthful about what happened using developmentally appropriate concepts and wording.
- Help the child/teen remember the person.
- Help find tangible ways to remember, such as objects that remind them of the person they lost, such as writing or drawing.
- Identify family spiritual practices, such as lighting a candle or planting a tree, and include the child/teen.

## Acknowledgements

This document was developed by the Washington State Department of Health’s Behavioral Health Strike Team for the COVID-19 response. The strike team is a group of clinical psychologists, psychiatrists, and therapists who are professionals in disaster relief and behavioral health. Lead authors from the Behavioral Health Strike Team include Tona McGuire, Ph.D. and Kira Mauseth, Ph.D.

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## Appendix

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<a href="#">Appendix C</a>	Sample Token Program
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## Appendix A: Tools for Calming

### Breathing

Regulating breathing calms the whole body down. This is a skill to learn, and just like all skills, it takes practice. Practicing when not anxious will help it be more automatic and to work better when feeling anxious or panicked. You can't panic if your body isn't in panic mode. Start by practicing control with your breathing.

#### Bubble Breathing

Use bubbles with a wand. Instruct the child to:

- Blow the biggest bubbles they can, using slow, sustained, soft breaths or pretend to do above.
- Breathe in through the nose and blow the “bubbles” out through the mouth.

#### Belly Breathing

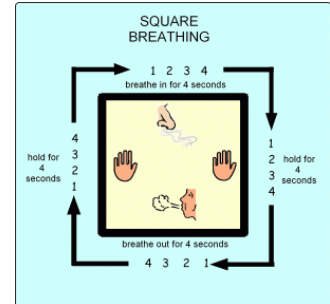
Instruct the child to:

- Breathe in slowly through the nose, having the belly rise vs the chest area.
- Breathe out slowly through the mouth, having the belly go down.
- It may help to have the child put one hand on their chest and one on their belly to help them remember.

#### Square breathing (tactical breathing)

Slow your breathing by counting slowly to three or four for every breath in and out. Try to breathe in through the nose, and out through the mouth.

Use square breathing (make a square with your finger in the air- using a four count for each side of the square





## Appendix B: “Detective Thinking”<sup>c</sup> Worksheet

Think about and practice questioning your worries. Pay attention to “worry thoughts.” These are thoughts which are likely to be telling you things like:

- “I feel really awful right now...there’s no possible way I can handle this”
- “this place feels totally unsafe. I can’t manage staying here or facing these people.”

One way of pushing back the worry thoughts is to go ahead into the situation anyway – not letting the worry stop you. Another way is to use your own thoughts to fight back against the worry thoughts.

SO...when you start to worry about something:

- Write down the “worry thought.”
- Write down what happened the last time you had that worry. Did the worry come true?
- Write down how likely it is that your worry will come true now. Choose:
  - It’s definitely going to happen
  - It might happen
  - It’s not likely to happen
  - It isn’t going to happen
- Write down a thought that will help you be calm and fight back against the worry thought.

**Bring this paper with you to your next office visit.**

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<sup>c</sup> Rapee, Ph.D, J. (December 3, 2008). Helping Your Anxious Child. *New Harbinger Publications; 2nd edition.*

## Appendix C: Sample Token Program

This approach helps the child understand the “cost” of negative behaviors and benefits of managing their behaviors. You can construct a list to create a program that is specific to the challenges of the child. It is helpful to get some input from the child on what should go on the list, e.g. “What are some things you should be doing that we can put on your list?” “What are some things you get in trouble for?” “What would you like to spend your tokens on?”. The parent has the final say. Offer more tokens for things that are difficult for the child and take away more for behaviors that are highly destructive or aggressive. ALL fun things must be paid for in tokens, but you can make the payment less for small rewards. Using poker chips or pennies in a jar can help keep track. Post the list for both the child and parent to refer to. Once behaviors become more routine, the program can be phased out and brought out again if behaviors become more troublesome again.

### Tokens Earned

- Get dressed (+1) with only one reminder (+1)
- Brush teeth (+1) with only one reminder (+1)
- Do what he’s asked without arguing or dawdling (+2 each time)
- Straighten up bed (+2)
- Pick up his own stuff/toys (+5)
- Help take out trash (+5)
- Bath (+1) Hang up towel (+1)
- Practicing doing breathing or other anxiety-reducing things (+3)
- Separating calmly (+5)
- Going to another part of the house alone (+3)
- Handling frustration without falling apart (+5)
- Other “brave acts”
- In bed on time (+4) Stays in bed (+3)
- Goes to time out when told (+5)
- Good friend behaviors, e.g., allowing the friend to choose the activity/sharing etc. (+5)

### Tokens Lost

- Arguing with an adult or ignoring command (-2 at a time)
- Refusing a time out or leaving the time out area before the time out is over (-5)
- Direct disobedience i.e. he’s looking at you and does the behavior after you’ve told him not to (-5)
- Yelling (-1)
- Rude behavior such as back talk (-3)
- Interrupting (-1)

- Tantrum (-10 plus time out)
- Any aggressive behavior, even “accidental” (-20 plus time out)

**NOTE:** Add to this list as needed if other behaviors come up.

If the child is “broke” due to a stretch of misbehavior, as opposed to having spent all of their tokens, they must go to their room for 10 quiet minutes. They must be calm before coming out. The parent decides if the child is calm enough.

## **Tokens Spent (everything fun costs tokens!)**

Include most activities that kids assume they can do anyway. They need to earn the good stuff.

- Watch TV, computer, or video (-5 per half hour)
- Playdate (-10)
- Extra bedtime story (-5)
- Go out to eat (-15)
- Play game e.g. dinosaurs with Mom, Dad (-5)
- Rent a video (-10)
- Dessert or special treat such as candy or gum (-10)
- Go for walk with daddy/mommy (5)
- Stickers (-2)
- Access to favorite toys...think of it like a lending library (-3)
- Craft, bake cookies, etc. with parent (-10)
- Trip to Science Center (-25)
- Go someplace alone with mom or dad (15)
- Go to park (-10)
- Swimming (-10)
- Pokémon card pack (-20)

## Appendix D: Thinking Tools for Older Children and Teens

Just like gears in any system, thoughts, feelings and behaviors within people are all connected. By changing one, you can change the other two. Feelings are the easiest to notice, but harder to change than thoughts, so we will start with thoughts. By changing unhealthy thoughts and reactions, we can develop positive feelings and healthy behaviors.

### COPE<sup>®</sup> Model

COPE<sup>®</sup> skills are **THINKING** skills – they teach us how to use our minds in ways that help us feel better.

#### Key Concepts of COPE<sup>®</sup>

Helping kids learn how to:

- change their thinking
- establish healthy patterns
- have a greater sense of control

#### Check, Observe, Plan, Execute – COPE<sup>®</sup>

- C**     **Check** for your automatic reaction (thought)
- O**     **Observe** the emotion and behavior connected to the reaction
- P**     **Plan** an alternative thought, reaction, or response
- E**     **Execute** positive change through practice and repetition

When you are worried about something, try to find a new or different way of thinking about it. If your thoughts make you feel sad or angry, what are some things you can think about that help you have different feelings?

Thoughts, Feelings and Behaviors are all connected. To change one, you just have to change ANY of them.

How can you change a ‘bad’ thought into a ‘good’ thought? It may not be as hard as it sounds. The trick is to just find a little bit of a different thought. If something you are thinking is really bothering you, try to find an idea that is just a little different than that. It doesn’t have to be something wonderful or even happy- just different. Trying out a different thought can change how we feel and how we act.

If it is hard to change your thoughts, even a bit, then maybe try changing a behavior or an action. Just a small thing can make a big difference in mood (feelings) and outlook (thoughts). Try talking to someone new- ask them something about themselves- or try a new routine- get up and go to bed at the same time each day, do homework at a different time when you have more energy, or any number of other things. ANYTHING new can start a chain reaction for thoughts, feelings and behaviors

## Appendix E: Depression Worksheet

### Surprising facts about depression – physical response to thoughts

- Thoughts cause an actual, physical, response in your body.
- Most of us are not aware of our own thoughts, whether they are negative or positive.
- We get used to how we think.
- Thoughts cause your brain to release chemicals and can create either good or bad feelings.
- When the chemicals released are related to positive thoughts, your heart will slowdown, your muscles will relax, your breathing will slow down, and you will be able to focus better.
- When the chemicals released are related to negative thoughts, your blood pressure will go up, your muscles will get tight, your heart will go faster, it's harder to concentrate, and the whole body will react to the stress.

### Step 1: Begin to change your thoughts

A way to change your thoughts so you feel better instead of worse, is to pay attention to your thoughts and then “talk back” to the negative ones.

#### Examples of the most common negative thinking patterns

**“all or nothing” thinking** – It’s true that sometimes things don’t go right, but it’s also true that sometimes things DO go right. But, if you think that things NEVER go right, would it make you feel happy or sad? Example: “nothing ever goes right for me”

**Focusing on the negative** – Seeing only the bad in any situation and ignoring the good

**Predicting the worst** – “I’ll fail” or “There’s no way I can tolerate that”

**Labeling** – attaching a negative label to someone or yourself. i.e. “he’s a jerk” or “I’m a loser”

**Blaming** – blaming others for when things go wrong and not admitting your own responsibility

**Mind reading** – “that person thinks I’m stupid” or “they’re staring because they think I’m a freak”

## Step 2: Identify negative thought patterns

Identifying which of the following thought patterns you tend to have and write them down.

### Examples of thinking patterns:

- All or nothing
  
- Noticing only the negative
  
- Predicting the worst
  
- Labeling
  
- Blaming
  
- Mind reading

## Step 3: Fight back the negative thought patterns

Pretend you're arguing with the negative thought. How would you fight back against the thought? Write down a few examples of fighting back:

- Negative thought:
  
  
  
  
  
  
  
  
  
  
- Fight the negative thought:

## Appendix F: Behavioral Activation

- Help your child choose one simple and realistic action or even just one accomplishable step in an action.
- Encourage activities which lead to mastery and positive feelings.
- Discuss things that could potentially get in the way.
- Ask the person to imagine themselves doing the action. Ask them how it feels when they imagine doing it.
- Encourage them to do the action, regardless of how they feel.
- One tool in Behavioral Activation is the acronym ACTION to help the person remember the basics of this technique:

**A** **Assess** how this potential behavior will serve your interests

**C** **Choose** to activate

**T** **Try** out different behaviors

**I** **Integrate** the behavior into your life

**O** **Observe** the outcome when you do the behavior

**N** **Never** give up

## Appendix G: Child-directed Play

Pick a time each day when your child can have 5-10 minutes of 1:1 playtime. The rules are simple but may be harder to do than you might think.

- ✓ No giving directions (e.g. put the car over here)
- ✓ No teaching (e.g. that's called a \_\_\_\_ and this is how it works...)
- ✓ No questions (e.g. why is that piece over there?)

Just sit and watch for a couple of minutes. The only comments you make should be to describe what they're doing, kind of like the "play by play" announcer (e.g. "now the car crashed into the blocks...whoa the whole thing fell over").

The point of this is to create a small block of time when your child gets intensive interaction with structure, so that it's hard for them to be oppositional and get into trouble. You're not making any demands of them so there isn't much opportunity to refuse. It's one time when they can be in control but in a pretty safe way.

Most kids love this playtime. If they become demanding, out of control, or does something inappropriate, just tell them that special play time is over.

**Keep notes of when you have Child-directed Play. Bring them to your next visit.**



## Appendix H: ABC Behavior Chart

### Behaviors: for example-“doing what’s asked the first time”

If a desired behavior is not observed, what is the behavior nearest to what you want to see? (e.g. doing what he’s asked after only one reminder)

### Chart the **current** behaviors

Chart the behaviors using the ABC format. Include:

- Day
- Time of day
- Circumstances when behavior occurred
- What happened next after the behavior

### Use the ABC format for tracking

**Antecedent** (describe what happened right before the behavior, e.g. dinner time and mom is busy cooking and asks child to tidy up the toys)

**Behavior** (describe the behavior, e.g., whined, hit brother, ignored mom, etc.)

**Consequences** (describe what happened right after the behavior, ? e.g. mom yelled, mom sent kids to their room)

Once you’ve charted behaviors, determine:

- Behaviors you want to **increase** and what will motivate your child, e.g., attention from parent, break from doing chore, etc.
- Behaviors you want to **decrease**, e.g., hitting sibling when frustrated, etc.

## Chart the **desired** behaviors

Chart the behaviors using the ABC format. Include:

- Day
- Time of day
- Circumstances when behavior occurred
- What happened next after the behavior

## Use the ABC format for tracking

**Antecedent** (describe what happened right before the behavior, e.g. dinner time and mom is busy cooking and asks child to tidy up the toys)

**Behavior** (describe the behavior, e.g., whined, hit brother, ignored mom, etc.)

**Consequences** (describe what happened right after the behavior, ? e.g. mom yelled, mom sent kids to their room)

After observing the ABC patterns for several days, try to determine the purpose of the behavior we want to decrease, e.g. trying to avoid or escape a task, trying to get attention, even if negative attention.

Once you've determined the probable reason behind the behavior, decide whether it makes more sense to attempt to intervene by changing what comes before the behavior, or what comes after.

What behaviors would we like to see instead?

Once you're decided which behaviors you'd like to see instead, you can encourage those by positive attention, praise and other rewards.