COPE for Depressed and Anxious Teens:
A Cognitive-Behavioral Skills Building Intervention
Training Workshop

Creating Opportunities for Personal Empowerment
COPE for Teens
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Speaker Melnyk - Disclosure of Possible Conflict of Interest:
COPE for
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Teens are not getting the Mental Health Services they need (IOM, 2009)

Teens are on long waiting lists and in today's busy practice settings, Advanced Practice Psychiatric Nurses are increasingly limited to 20-30 minute medication visits.
The Epidemiology of Child and Adolescent Depression

- 5% Children; 9%-20% Adolescents
- Risk increased in children of depressed parents
- Higher incidence in minority populations
- M:F ratio: Children 1:1 Young adult 1:2
- Mean age of onset of Major Mood Disorder (MMD) =14yrs; Mean age of DD=8 years
- Detection LOW, < 20% of cases
- Average length of untreated episode of MDD 7-9 months

The Epidemiology of Child and Adolescent Depression

- Reoccurrence 60-70%; commonly reoccurs as adults
- Depression is a risk factor for high risk behaviors and substance use
- MDD precedes substance abuse by 4.5yrs
- 40-70% of children and adolescents have co-morbid diagnoses
Common Modes of Presentation in Adolescents

- Sadness
- Hopelessness
- Anger/ irritability
- Self-hatred
- Self-destructive behavior
- Withdrawal
- Loss of pleasure/interest in activities
- Neurovegetative symptoms (e.g., decrease or increase in sleep, appetite and concentration)
- Drug and alcohol use common
- Drop in grades
- Co morbidity with anxiety common

Evidence-Based Practice

Systematic Review – Level I evidence
http://www.USPreventiveServicesTaskForce.org
2009 USPSTF Recommends:

Routine screening of all adolescents 12-18 yrs. for MAJOR DEPRESSION in primary care

When

Systems are in place to ensure:
- Accurate diagnosis
- Cognitive –behavioral or Interpersonal Psychotherapy
- Follow-up
Management Strategies

- Referral for psychotherapy: Individual cognitive-behavioral therapy (e.g., Adolescent Coping with Depression Course by G.N. Clarke and P.M. Lewinsohn) see http://www.kpchr.org/public/acwd/acwd.html

- COPE (Creating Opportunities for Personal Empowerment) for Teens (B.M. Melnyk)

COPE for Teens

A Cognitive Behavioral Skills Building Program

- Developed as a 15 session intervention: The COPE Healthy Lifestyles TEEN Program
- Teen Manual – colorful, developmentally appropriate, & teen friendly
- Portable, can be delivered in 20 -30 minute visits
- Has been used effectively in clinics, office practices, and schools in individual and group format
The Development of COPE

Adolescent Inpatient Psychiatric Unit
PNP/PMHNP (Melnyk) Provided Group Health Education & Incorporated CBT–skills building

Theoretical Framework

• CBT originated from cognitive theories that were developed by Beck and Ellis, and behavioral theories developed by Skinner and Lewinsohn

• Active components of CBT include reducing negative thoughts (cognitive restructuring), increasing pleasurable activities (behavioral activation), and improving assertiveness and problem-solving skills (homework assignments)
Cognitive Behavioral Skills Building Therapy

- Lewinsohn & Clarke stressed that the lack of positive reinforcement from pleasurable activities/ others leads to negative thought patterns
- Behavior theory suggests that individuals are depressed/ anxious because of a lack of positive reinforcements and a lack of skills to elicit positive reinforcement from others or to terminate negative reactions from others

COPE Healthy Lifestyles Teen Program-15 Sessions

- Introduction: COPE Healthy Lifestyles program and goals
- Session 1: Healthy lifestyles, thinking, feeling, behavior triangle
- Session 2: Self-esteem and positive thinking/ self-talk
- Session 3: Goal setting and problem-solving
- Session 4: Stress and coping
- Session 5: Emotional and behavioral regulation
- Session 6: Effective communication: personality and communication styles
- Session 7: Barriers to goal progression and overcoming barriers energy balance; ways to increase physical activities and benefits
15 Session COPE Healthy Lifestyles
Teen Program

- Session 8: Heart rate; stretching
- Session 9: Food groups and a healthy body; stoplight diet; red, yellow and green foods
- Session 10: Nutrients to build a healthy body; reading labels, effects of media and advertising on food choices
- Session 11: Portion sizes; “supersize”, influence of feelings on eating
- Session 12: Social eating: strategies for eating during parties, holidays, and vacations
- Session 13: Snacks and eating out
- Session 14: Integrate skills and knowledge to develop a healthy lifestyles plan
- Session 15: Putting it all together: review of course content

Current School based COPE study:

A full-scale randomized controlled trial to test the efficacy of the COPE Healthy Lifestyles TEEN Program (15 sessions) on the physical and mental health outcomes of a culturally diverse sample of adolescents
The 7 Session COPE Teen Program

• A cognitive behavioral skills building program, evidence-based intervention for depressed and anxious teens

• Can be delivered to teens in individual brief sessions (20 – 30 min.) or in group sessions

• The 7 sessions focus on CBT concepts and skills

The 7 Session Topics

1. Thinking, Feeling, and Behaving: What is the connection?
2. Positive Thinking and Forming Healthy Thinking Habits
3. Coping with Stress
5. Dealing with your Emotions in Healthy Ways through Positive Thinking and Effective Communication
6. Coping with Stressful Situations
7. Pulling it all together for a Healthy You
Parents are Encouraged to Participate in the COPE Program with their Teens

Meta-Analysis: (Level I Evidence)

Carolyn McCarty and John Weisz reviewed a pool of studies that reported successful treatment of depressed adolescents and identified the 12 components or techniques employed in the most successful treatments for youth depression.

12 Components of Effective Therapy for Depressed Adolescents

- Achieving measurable goals / competency
- Adolescent psycho-education
- Self-Monitoring
- Relationship Skills / social interaction
- Communication training
- Cognitive Restructuring
- Problem Solving
- Behavior Activation
- Relaxation
- Emotional regulation
- Parent Psycho education
- Improving the parent child relationship

Evidence-based Active Treatment

The COPE Program includes those 12 components of effective therapy in a 7 session manual for Teens
COPE Homework

An essential component of CBT, allows the individual to put into practice the skills they are learning.

Homework reinforces the content and also “extends” the COPE sessions

Session 1 Homework Example

Name three situations in the past few days of how thinking negatively affected how you felt and how you behaved. Then, write down how you could have changed your thinking to feel better and act differently
Teen – post COPE evaluation

(Lusk & Melnyk, 2011)

15) If the homework was helpful, how was it helpful?
Because you had to write situations down, plot out the best way to handle it.

Content from the COPE Teen Manual:

CBT Consists of cognitive restructuring, problem solving and behavioral change

The thinking/feeling/behaving triangle
Thinking, Feeling, and Behaving: What is the connection?

When you think positively, you will be happier and have less stress. How you think affects how you feel and how you behave.

Practice: Mindfulness Integrated CBT

Fun things that you can do to stay in the present moment.

• Chew a piece of gum and count how many chews it takes to lose its flavor
• Bounce a ball 50 times and count along the way
• Make clapping sounds and have your friends repeat the pattern
Session 3
Stress and Coping

What is stress?

Stress is when you do not have the ability or skills to deal with things that you see as frightening or unpleasant (like taking a test that you didn’t study for or missing your curfew)

Positive Ways to Deal with Stress

• Talking about how you feel
• Exercise
• Seeking out family and friends for support and help
• Writing your thoughts and feelings in a journal
• Turning a negative thought in response to a stressor into a positive one
• Taking one bite of the elephant at a time when you start something new
STRESSOR

↓

NEGATIVE THOUGHT TO STOP

↓

REPLACE THE NEGATIVE WITH A POSITIVE THOUGHT

↓

POSITIVE EMOTION & BEHAVIOR

COPE

Goal Setting & Self-Monitoring Log

Goal: Write Two Positive Self-Statements

_____________________________________________

_____________________________________________

Goal for Number of times per day to say the positive self statements__________

Number of Times You Said Your Positive Self-Statements

<table>
<thead>
<tr>
<th>Thinking</th>
<th>Day #1</th>
<th>Day #2</th>
<th>Day #3</th>
<th>Day #4</th>
<th>Day #5</th>
<th>Day #6</th>
<th>Day #7</th>
</tr>
</thead>
</table>

Emotions (How have you felt this week?)

Rate your emotions on a scale from 0 "not at all" to 10 "a lot"

Worried ____

Stressed ____

Happy ____

Sad ____
Regulation of Emotions

• Positive self-talk
• Counting to 100 or saying the ABCs
• Deep breathing (take a deep breath and hold it for 2 seconds, then breathe out slowly through your mouth)
• Walk away and find a quiet place to put your head down and practice relaxation breathing
• Find a friend or adult who will listen and support you
• Leave and go for a walk

Session 7
Pulling It All Together for a Healthy YOU!

What have you learned through the COPE program?
What Teens and Parents told us about their experience

7) What was the most helpful topic in the COPE program?
   Anxiety

8) Why was this topic helpful?
   Because before, I didn't really know how to deal with it in the right ways.

How was COPE helpful?

1) Did you find the COPE program helpful?  yes  no

2) If you found the COPE program helpful, in what ways did it help you? It made me more confident in myself.

   2) If you found the COPE program helpful, in what ways did it help you? It helped me think second and think about things before I react.

   1) Did you find the COPE program helpful?  yes  no
   2) If you found the COPE program helpful, in what ways did it help you? Controlling my anger.
What have you changed since COPE?

6) What, if anything, have you changed since starting the COPE program?
   I have become more confident in my abilities and not afraid to make decisions.

6) What, if anything, have you changed since starting the COPE program?
   how I deal with anger & anxiety.

6) What, if anything, have you changed since starting the COPE program?
   The way I react to certain things.

What changes have you seen in your teen since COPE?

4) What changes, if any, have you seen in your teen since beginning the COPE program?
   She seems more happy with who she is. She likes herself.

4) What changes, if any, have you seen in your teen since beginning the COPE program?
   more mellow. He seems to try harder at times, like when he gets mad I have caught him trying to stop.

4) What changes, if any, have you seen in your teen since beginning the COPE program?
   She will repeat a children’s statements about herself instead of the negative ones she repeated frequently when she was placed in my hands.
Was COPE a Positive experience for your family?

6) Did you personally find the COPE program helpful to you?

X yes (if yes, why?) ___ no (if no, why?)

Anything that helps a teenage girl with her self image is a help to her mother.

7) Was the COPE program a positive experience for your family?

X yes (if yes, why?) ___ no (if no, why?)

Yes it was. He seemed to enjoy it and it has helped him try to do things differently. So it has helped us.

COPE provides the teen – active evidence-based treatment using a manualized program.
Aaron Beck – Cognitive Therapy

- 80’s, Cognitive Therapy is a structured, short-term, present-oriented psychotherapy for depression, directed toward solving current problems, modifying dysfunctional thinking and behavior. By modifying underlying beliefs, it leads to enduring improvement.

- Cognitive Therapy is straightforward and simple
  but also
  **Powerful and Effective**
  (the most studied therapy)
COPE is effective in decreasing depressive symptoms in adolescents: Clinical MH Population (Lusk & Melnyk, 2011)

How does a cognitive-behavioral skills building intervention work?
- Psychoneuroimmunology (PNI)
- Neurobiology (fMRI)
- Psychology - Changing depressive cognition psychoeducation

The Teen Manual: You can do it!

What your mind believes, you can achieve!

This is Health Enhancing (PNI)- Active Participation, Connectedness, Positive Resolve
The COPE message is clear

The young person (and parent) can accomplish whatever it is that is important to them.

**Mastery.** The teens love this – message - they can do it! They can Cope with whatever they are facing and self-regulate.

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Neurobiology:

**Brain connectivity problems**

- The decade of the brain. Just like cardiology is **conductivity** problems, the brain is going to be thought of as **connectivity/circuit** problems. (reduced stigma).

- We now can see with functional MRI’s (fMRI) the increased blood flow to areas of the brain and the structural changes brought about by psychotherapy.

- When we learn to cope in positive ways, **myelination** lays down new tracks. The young person’s brain is pruning and growing new neuronal connections, prime opportunity to establish new healthy **neuronal connections**.
Psychotherapy changes our brain

We now can see with functional fMRI's and the increased blood flow to areas of the brain and the structural changes brought about by psychotherapy.

Skills building lays down new neuronal tracks

When we learn to cope in positive ways, myelin lays down new tracks. The young person's brain is pruning and growing new neuronal connections. It is a prime opportunity to establish new healthy neuronal connections with practice of COPE skills. (homework)
How to do Cognitive-Behavioral Skills Building Sessions

• Beck - 10 Principles of Cognitive Therapy

Psychology: The Beck theory of depression and psychotherapy

• CBT principles apply to everyone. We all have cognitive distortions, automatic negative thoughts.

• People are “natural scientists”. They want to make sense of their world and experiences.

• We teach them why changing their thoughts from negative to positive, changes their feelings, and behaviors. They learn to become their own therapists.
Strategies for presenting COPE sessions

Presentation of CBT in the COPE sessions: Pure Dose

Sessions are printed in the teen manual. The content of the session is presented just as written. Every word of the lesson is read.

Teen examples are provided in the manual in order to help individual teens use their own experiences/examples. In individual sessions, the teen’s examples may be used instead of those in the manual.

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Practice:
Delivery of COPE Teen Session Content

Example of how a session content is presented - faithful to the program but also addressing the individual teen’s concerns.

- Session 3 Stress and Coping – pages 22 - 24

**Thinking:** from the manual, “What do you think are the most common causes of stress and worry for teens? (parents expectations, what others think). We will call these stressors”. Read with the teen, the entire List of 13 stressors in the manual.

Then ask “Which of these are stressful for you?”

**Feeling:** The manual includes a list of 6 emotional signs of stress (nervous, depressed, etc.) - read them all, then ask “Which do you experience?”

**Behaving:** The manual lists 6 behaviors (overeating, arguing). Read all 6 and ask the teen, “Which sound like things you do/ways you behave?”
Emotional Signs of Stress

- Feeling anxious
- Feeling nervous
- Feeling down or depressed
- Feeling hopeless
- Feeling angry or irritable
- Feeling overwhelmed or “burned out”

Cognitive Behavioral Therapy:

Consists of cognitive restructuring, problem solving and behavioral change

Thinking

Feeling

Behaving

The thinking/feeling/behaving triangle
Beck: Cognitive Therapy
The Basics

• Principle no. 1: Cognitive therapy is based on an ever-evolving formulation of the patient and his/her problems in cognitive terms

We always do an evaluation (psychiatric) including history, presenting problem, medical problems, and psychosocial stressors.

Asking a teen to explain a proverb, can help assess ability to think abstractly (i.e. The squeaky wheel gets the grease)

Adolescence can be hard
Young people / teens are:

• Unique – with individual dreams and goals
  (Find their strength and emphasize that (never do a problem list without a strength list)
• Perceptive
• Brutally honest – “whew, that was an awkward silence”
• In my experience they all want so badly for their parents to be pleased with them
  ( #1 cause of stress: parents expectations)

And best of all, developmentally - neurologically - you have growth on your side (up to age 25 yrs)

Beck

• Principle no. 2: Cognitive Therapy requires a sound therapeutic alliance

• Principle no. 3: Cognitive therapy emphasizes collaboration and active participation
Process as well as Content

• Establishing a **therapeutic alliance** (teen’s perception that the therapist is invested in the youth and parent).

• **Cognitive connection** (the therapist conveys there is hope for change, and that both depression & anxiety are treatable).

• **Behavioral participation** (assigning homework and encouraging the practice and use of skills learned, between sessions).

Evidence-based practice

Evidence-based practice is a "problem solving approach to the delivery of health care that integrates the best evidence from well–designed studies and patient care data and combines it with patient preferences and values and clinician’s expertise" (Melnyk & Fineout-Overholt, 2011)

Share with family information/ the article re: what the evidence suggests for treatment options. (Van Vorhees, 2008)

Medication vs Therapy
Beck

• Principle no. 4: Cognitive therapy is goal oriented and problem focused
• Principle no. 5: Cognitive therapy initially emphasizes the present
• Principle no. 6: Cognitive therapy is educative, aims to teach the patient to be his/her own therapist, and emphasizes relapse prevention

Beck

• Principle no. 7: Cognitive therapy aims to be time limited (4 – 14 sessions)
• Principle no. 8: Cognitive therapy sessions are structured (this really reduces anxiety in young people)
Beck

- Principle no. 9: Cognitive therapy teaches patients to identify, evaluate, and respond to their dysfunctional thoughts and beliefs

(Positive reappraisal, positive self talk and homework are all important pieces of cognitive behavioral therapy)

Individuals learn the ABCs in CBT

**Antecedent event** A friend made fun of me

**Belief:** I’m an idiot

**Consequence of the belief** Feelings of worthlessness and depression; difficulty functioning
A  We can’t control triggers

• We generally refer to “antecedent events” as triggers. (but there is hope, we can control our responses to triggers)

• When talking with the teen (the evaluation) we can determine what thoughts, feelings, behaviors are their chief concern, and we start with that

• Generally they can tell you what “triggers” their feeling hopeless, or angry, etc.

B  Beliefs, Cognitions

• Everyone has cognitive distortions, automatic negative thoughts. Mental Mistakes

• We have developed (and have practiced well) enduring views of ourselves, people in our world, and the way the world works.

  We developed these from: Personal experience, parenting, peer relations, media messages, popular culture.

  They are reflexive, unquestioned- so fundamental and deep –we often don’t speak them to ourselves
Common cognitive distortions – Automatic thoughts

• All or nothing thinking - If I don’t get an A+, my work is not acceptable
• Overgeneralization/labeling - I’m stupid in English (in response to one bad grade on a report)
• Jumping to conclusions – She thinks I laugh too much, She doesn’t like me. All of that group dislike me.
• Catastrophizing or minimizing – The whole college is going to fall apart with these changes
• Should statements – I should only get A’s, it is beginning physics
• Minimization of success/ gains - Everybody gets awards, jobs, recognition, this is no big deal

A B C’s Teens become a personal scientist

Trigger? Thought Feeling Behavior
Practice COPE Clinical Exercise

- CBT principles apply to everyone. We all have cognitive distortions, automatic negative thoughts.

- People are “natural scientists”. We want to make sense of their world and experiences.

Write down an example of your own automatic negative thoughts

- Hint: Think back to a recent time you felt dysphoric, depressed, or angry.

- What was the trigger? (you couldn’t control that)
- Your automatic thought (What would Beck say?)
- Your feeling?
- Your general way of behaving when you feel that way?
• When you notice your mood has changed or intensified, or is going in a negative direction or you are noticing bodily sensations associated with negative emotions, ask:
  • What was just going through my mind?”
  • When that thought comes up – ask what is the evidence that thought is true? Is there an alternative explanation? What is the worst that can happen? Will I live through it? What is a realistic outcome?

Save that example to share

• Share an example of when you have automatic “not likely to be entirely true” thoughts, when you explain CBT – triangle to your COPE teen and parent. (parents are relieved when this counseling is not about blaming them, it is about all of us learning to change our negative thinking to positive)

Sometimes parents will provide an example of their negative automatic thoughts

Teens really light up when the parent share these personal negative thoughts/struggles
Beck

- Principle no. 10: Cognitive therapy uses a variety of techniques to change thinking, mood, and behavior

Thought stopping skills

- Visualize a stop sign
- Rubber band on the wrist/snap
- Visualize watching the negative image on TV and change the channel
- Use imagery skills to switch the negative image to a pleasant image
Thought stopping:

Guided Imagery

FAQ’s-

• Can you do the medication management and safety checks in the same 30 minutes?

• What are common barriers for teens/ families in accessing and receiving evidence-based treatment?

• What if the teen presents in crisis?

• What if their behavior gets worse?
• What if the clinician doesn’t think it is working?
• What to do - When the parent and teen come for the appt. in the midst of a battle between them?
• When do you decide to RX medication?

COPE for College age / Young adults
COPE / Young Adults & College Students

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Young adults: CC is often anxiety and/or depression. They want to discuss their evidence-based options, not just a medication tx approach.

Reason for your visit today:
“Depression from life choices—Paralyzed by fear of making a wrong choice”

COPE in Primary Care

• Portability: Ease of use—(folder) You only need to know what session you are on

• Predictable session format: homework, new content, discussion of homework

• Safety assessment, and med evaluation fit into session nicely

• The primary care advantage—the way of the future, integration of mental health into primary care/schools
Lessons learned:

• COPE promotes self-control and mastery
• Teens can get started in Active treatment (no wait)
• The therapist instills hope, Positive outcomes are assumed
• When the young person/ & parent understand “why” treatment works, there is better follow through
• COPE is empowering, promotes SELF-regulation
• Teens report they had enough time to complete the session and to “be heard”

COPE provides skills for the future

As Big Brother of a 13 yr. teen said,

“This program is about preparation for making the right choices in future situations. The great thing about the program is it really prepares young people for things they haven’t faced yet, but are sure to come up.”
Do you think other teens should try COPE?

22) Do you think all teens should get the COPE program?
   Yes (if yes, why?)
   No (if no, why?)
   We would have safer schools.

I would like for other people to try COPE
I would also like it
If my brother tried it.

Questions, Discussion:
References


