

Index

- alliance through collaboration, 57–8
- best available external clinical evidence, 13–14
- brief psychosocial intervention (BPI). *See also* talking cures
 - clinical formulation of the case, 27–8
 - defined, 27
 - dose-response standards, 37
 - red flags, 102
 - value of good clinical care in, 22–3
- brief psychosocial intervention (BPI)
 - clinical principles
 - dealing with difficulties, 52
 - doing more of what you like, 51–2
 - future planning, 52–3
 - getting help, 52
 - healthy habits, 51
 - safety, 50–1
 - understanding of mental states, 51
 - working collaboration, 50
- brief psychosocial intervention (BPI)
 - delivery
 - operating plan, 29
 - structured case management, 29–30
- brief psychosocial intervention (BPI) in
 - clinical practice
 - motto, 70
 - safety, 70
- brief psychosocial intervention (BPI)
 - mechanisms
 - commonalities, 40–1
 - current mental state (CMS) clearing, 43–4
 - mental components as network, 42–3
 - through current mental state (CMS), 41
- brief psychosocial intervention (BPI)
 - patient experience
 - being heard and feeling safe, 38
 - collaborative care, 38–9
 - core themes, 38
 - different self-perspective, 39
 - positive therapy response, 39
- brief psychosocial intervention (BPI)
 - practice framework
 - habilitation, 49
 - psychoeducation (PE), 47
 - social intervention, 48–9
- brief psychosocial intervention (BPI)
 - practice principles
 - advising and problem-solving, 26
 - collaboration-building, 71–2, 73
 - collaborative care, 25–6, 54–6
 - comprehensive assessment, 24–5
 - engagement tips, 72
 - habilitation, 54
 - listening and information-receiving, 26
 - pedagogy, 54
 - safety, 27
 - social prescribing, 54
 - summary of, 23–4, 71
- brief psychosocial intervention (BPI)
 - seminal study
 - clinical results, 33–7
 - cognitive behavioural therapy (CBT)
 - and, 33
 - preliminary phase success, 33
- brief psychosocial intervention (BPI)
 - strategy
 - habilitation, 29
 - pedagogy, 28
 - social prescribing, 28

116 Index

- brief psychosocial intervention (BPI)
 structure
 confidentiality, 76–9
 liaison with social network, 81–3
 practice domains and tools, 74
 summary of, 75
- brief psychosocial intervention (BPI)
 therapist aids, principles of conversational style, 57–8
- brief psychosocial intervention (BPI)
 therapist tips
 activity log ideas, 108
 activity log monitoring compliance tips, 108
 activity log monitoring tips, 106
 client in hurry to change, 109
 cognitive work and, 106
 ending therapy, 113
 extending sessions after exit review, 114
 goal setting, 111
 information and support, 114
 keep simple and do well maxim, 109
 listening skills, 110
 making enjoyable to client, 110
 parental disagreement tips, 111
 principles of conversational style, 57
 questionnaires and their meaning, 112
 reasons for, 109
 session duration and timing, 106
 therapist role behaviours, 104
 when therapy is stagnant, 112
- brief psychosocial intervention (BPI)
 therapist tools
 emotion management, 62–3
 evaluation, 67–8
 habilitation, 66–7
 healthy habits, 65–6
 interpersonal effectiveness, 58–9
 liaison with social network, 67
 risk assessment/safety management, 63–4
 summary of, 58
 understanding of mental states, 59–60
- clinical deterioration, 18–19
 clinical formulation of the case
 defined, 27
 development of, 27
 guiding principles, 27–8
- Cochrane, Archibald, 12
- cognitive behavioural therapy (CBT), 9, 33
- collaboration building
 in BPI, 71–2
 clinical vignette, 85–6
 creating culture of, 73
 principles of, 73
- collaborative care
 alliance through,
 BPI principle, 25–6, 38–9, 50
 defined, 105
 and listening skills, 110
- confidentiality, 76–9
- conversational style principles
 active style, 58
 alliance, 57–8
- current mental state (CMS)
 brief psychosocial intervention (BPI)
 mechanism, 41
 clearing, 43–4
- effectiveness versus efficacy, 6, 7–8
 efficacy versus effectiveness, 6, 7–8
- Beck, Aaron, 5
- Ellis, Albert, 5
- emotion management, 62–3
- evidence-based brief psychological intervention studies, 33–7
- evidence-based medicine (EBM). *See also*
 evidence-based psychotherapy
 brief psychosocial intervention (BPI)
 as, 8
 efficacy versus effectiveness studies,
 6, 7–8
 history of, 12–13
 psychotherapy and, 6
 talking cures and, 6

- evidence-based behavioural psychotherapy (EBBP). *See also* evidence-based medicine
 basis of, 12–15
 best available external clinical evidence, 13
 expertise in, 13
 four principles of, 14–15
 learning points, 15
 selection criteria for adolescents, 15–16
 steps, 16–18
 experts by experience, 9
- Freud, Sigmund, 5
- habilitation, 29, 49
- Hall, Greville Stanley, 1, 2
- liaison with social network
 adult involvement, 81–3
 brief psychosocial intervention (BPI)
 therapist tools, 67
 challenges and solutions, 83
 key domains, 83
- maturation, adolescent
 mental health risk in, 4
 mind-brain, 3–4
- mental health, adolescent
 documentation history, 1
 increase in reporting, 10
 key facts on, 2, 9
 maturation, 3–4
 maturation risks,
 need for evidence-based methodology, 3, 5–6, 22
 practice policy principles, 2
 talking cures, 4–6
 urgent need for treatment, 10
 WHO behavioural health targets, 2
- Meyer, Adolf, 27
- pedagogy, 28, 54
- psychoeducation (PE)
 background of, 47
 building resilience in, 88
 effortful nature of, 86
 understanding mental state, 86–7
 use in brief psychosocial intervention (BPI), 85
 well-being actions, 89–90
 working collaboration conversation, 85–6
- psychoeducation (PE) social prescribing
 activity work
 activity log monitoring tips, 91
 cultural and diversity mindfulness, 98–9
 digital/online life, 96–7
 drug and alcohol use, 95–6
 intervention formulation, 90–1
 involve what matters to client, 91–2
 nutrition guidance points, 95
 nutrition importance, 93–5
 physical activity, 97–8
 planned ending scenario, 99–100
 between-sessions work, 98
 sleep habits, 92–3
- psychotherapy. *See also* talking cures and evidence-based medicine (EBM), 6
 ‘good evidence’ for, 6
 versus quantitative research, 8–9
- psychotherapy, adolescent
 development of, 9
 dose-response standards, 37
- psychotherapy, adverse treatment reactions
 contraindications, 20
 side effects, 19–20
 therapist effects, 20
- psychotherapy, negative effects
 clinical deterioration, 18–19
 frequency, 18
 unwanted events, 19

118 Index

- quantitative research
 aims and objectives of, 8
 data collection methodology, 8–9
 defined, 8
 experts by experience, 9
 versus psychotherapy, 8
- Sackett, David, 13
- safety
 brief psychosocial intervention (BPI),
 27, 50–1
 process to follow if risk assessed, 77
 risk assessment/safety management,
 63–4
 risk therapy discussions, 107
 suicidality and/or self-harm risk
 (SSHR), 79–81
 therapy tips if suspect harmful behav-
 iours, 110
- self-harm
 addiction and, 80
 evaluation, 79–80
 factors for, 80–1
 general therapy principles, 79
 managing, 80
 safety plan, 81
 therapist tips, 107
- social intervention, 48–9
 social media, 96–7
 social prescribing, 28
 structured case management
 interpersonal effectiveness, 29–30
- social activation and problem-solving,
 30
 summary of, 30
 understanding of mental states, 30
- suicidality and/or self-harm risk (SSHR)
 addiction and, 80
 evaluation, 79–80
 factors for, 80–1
 general therapy principles, 79
 managing, 80
 safety plan, 81
 therapist tips, 107
- talking cure types
 brief psychosocial intervention (BPI),
 9
 cognitive behavioural therapy (CBT), 9
 family therapy, 9
 psychodynamic psychotherapy, 9
- talking cures. *See also* brief psychosocial
 intervention; psychotherapy
 cognitive behavioural therapy (CBT), 5
 history of, 4–5
 recent expansion of, 5
 systems theory, 5
 transpersonal spiritual methods, 5
- unwanted events, 19
- well-being in psychoeducation, 89–90
 World Health Organization (WHO), 2
 Wundt, Wilhelm, 4–5