

## Knowledge of Evidence Based Services Questionnaire

The items below describe a variety of techniques used in child and adolescent therapy. We are interested in therapists' knowledge of evidence based practices in the treatment of youth psychopathology. Please indicate whether the following strategies are included in treatment protocols that have been empirically supported for anxious/avoidant, depressed/withdrawn, disruptive behavior, and hyperactivity/inattention problems. **Please note that your responses should not reflect what you believe to be basic good practice or generally helpful, but rather what has specifically been demonstrated in the research literature.**

Please identify evidence based techniques by circling the appropriate letter: **A** for *Anxious/Avoidant*, **D** for *Depressed/Withdrawn*, **B** for *Disruptive Behavior*, and **H** for *Hyperactivity/Inattention*. Please circle as many as you feel are appropriate. If you believe that the technique is not used in evidence based treatment for any of the problem areas, circle **N** for *None*.

A	D	B	H	N
<i>Anxious/ Avoidant</i>	<i>Depressed/ Withdrawn</i>	<i>Disruptive Behavior</i>	<i>Attention/ Hyperactivity</i>	<i>None</i>

<b>Example:</b> Inducing a trance-like state through the power of suggestion.	A	D	B	H	N
1. Introducing the child to a stimulus, either directly or through imagined experience, with the aim of decreasing the child's fear of the object or situation.	A	D	B	H	N
2. Modeling a desired behavior to promote the child's imitation and subsequent performance of that behavior.	A	D	B	H	N
3. Teaching the child calming techniques, such as muscle relaxation, breathing exercises, meditation, and similar activities, with the goal of reducing physiological arousal.	A	D	B	H	N
4. Therapist administration of rewards and/or praise to reinforce the child's behavior.	A	D	B	H	N
5. Teaching the child to measure his/her thoughts, emotions, and/or behavior repeatedly.	A	D	B	H	N
6. Teaching the child about how problems develop and the rationale for treatment.	A	D	B	H	N
7. Encouraging the child to participate in pleasurable activities on a regular basis.	A	D	B	H	N
8. Practicing specific activities with the intention of building skills.	A	D	B	H	N
9. Encouraging the child to reward him/herself for performing a desired behavior.	A	D	B	H	N
10. Training the parent(s) to give directions and commands effectively.	A	D	B	H	N
11. Teaching the parent(s) about how problems develop and the rationale for treatment.	A	D	B	H	N
12. Implementing a system in which points or tokens are removed as a consequence for negative behaviors.	A	D	B	H	N
13. Teaching the parent(s) to provide tangible rewards as reinforcement for desired behaviors.	A	D	B	H	N
14. Training the parent(s) to provide social rewards, such as praise, encouragement, and affection, to promote desired behaviors.	A	D	B	H	N

15. Teaching the parent(s) to monitor the child's thoughts, behavior, and/or emotions.	A	D	B	H	N
16. Teaching the parent(s) to play with their child in a specific manner to facilitate improved verbal and nonverbal interactions.	A	D	B	H	N
17. Identifying triggers for problem behaviors with the goal of altering or eliminating those triggers to decrease the behaviors.	A	D	B	H	N
18. Teaching the child social skills with the goal of improving interpersonal functioning.	A	D	B	H	N
19. Utilizing strategies to engage families and foster positive interest in treatment participation.	A	D	B	H	N
20. Managing crisis situations through immediate problem solving and follow-up planning.	A	D	B	H	N
21. Providing play therapy as a primary therapeutic strategy.	A	D	B	H	N
22. Demonstrating warmth, empathy, and positive regard through supportive listening and reflective discussion.	A	D	B	H	N
23. Teaching the parent(s) coping strategies to deal with stressful situations.	A	D	B	H	N
24. Aiding the child in processing emotions with the goal of providing new and incompatible information about former memories.	A	D	B	H	N
25. Providing the child with a mentor to function as a positive role model.	A	D	B	H	N
26. Providing family therapy with the goal of improving interpersonal relationships and interactions between members.	A	D	B	H	N
27. Implementing strategies designed to build rapport between the therapist and child.	A	D	B	H	N
28. Providing the child with educational support or tutoring to address specific academic problems, such as homework or study skills.	A	D	B	H	N
29. Strengthening skills already developed and anticipating future challenges to minimize the chance that therapeutic gains will be lost.	A	D	B	H	N
30. Matching the child with a peer to facilitate reciprocal learning or skills practice.	A	D	B	H	N
31. Using strategies designed to evaluate the accuracy and/or alter the interpretations of the child's thoughts.	A	D	B	H	N
32. Teaching the parent(s) to allow the child to experience natural negative consequences of unwanted behaviors.	A	D	B	H	N
33. Teaching the child to develop insight and greater self-understanding.	A	D	B	H	N
34. Teaching the child assertiveness skills and rehearsing assertive interactions.	A	D	B	H	N
35. Teaching the child to solve problems by outlining steps, such as identifying the problem, generating multiple solutions, and selecting the best alternative.	A	D	B	H	N
36. Using time out as a consequence for engaging in an undesirable behavior.	A	D	B	H	N
37. Teaching the parent(s) to selectively ignore mildly inappropriate behaviors and attend to alternative behaviors.	A	D	B	H	N
38. Teaching specific strategies, such as active listening or "I" statements, to improve parent and child communication.	A	D	B	H	N
39. Teaching the parent(s) to keep the child within their sight for the purpose of assuring safe and appropriate behavior.	A	D	B	H	N
40. Providing therapy in a residential setting that involves making the environment itself part of the intervention.	A	D	B	H	N