

AMY-DAILY: A POTENTIAL TOOL FOR THERAPISTS TO MONITOR AND FOSTER CLIENTS' COPING SKILLS

*AMY-DAILY: UMA FERRAMENTA POTENCIAL
PARA TERAPEUTAS MONITORAREM E PROMOVEREM
HABILIDADES DE ENFRENTAMENTO DOS CLIENTES*

*AMY-DAILY: UNA HERRAMIENTA POTENCIAL
PARA QUE TERAPEUTAS MONITOREEN Y PROMUEVAN
HABILIDADES DE AFRONTAMIENTO DE LOS CLIENTES*

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RESUMO

A resolução de problemas é essencial para a saúde mental e o bem-estar emocional. A Terapia de Solução de Problemas Centrada nas Emoções (EC-PST) é um modelo baseado no diátese-estresse que promove estratégias para a regulação emocional e o enfrentamento adaptativo. Este artigo apresenta a ferramenta AMY-Daily, uma ferramenta com dez passos que pode servir como um instrumento potencial para auxiliar terapeutas no monitoramento das estratégias de enfrentamento de seus clientes, incentivando a reflexão sobre os desafios, promovendo a externalização de pensamentos e emoções, e aprimorando soluções adaptativas. A AMY-Daily se baseia nos quatro mecanismos de intervenção da EC-PST: planejamento sistemático, redução da sobrecarga cognitiva, motivação para a ação e regulação emocional. Embora promissora, a AMY-Daily ainda é uma proposta de ferramenta potencial para uso clínico e carece de validação empírica. Conclui-se que a AMY-Daily pode ser um recurso inovador na EC-PST, contribuindo para a promoção de habilidades

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de enfrentamento e regulação emocional. Estudos futuros devem investigar sua eficácia em diferentes contextos clínicos.

Palavras-chave: enfrentamento; terapia; psicoterapia; desenvolvimento de instrumentos; ferramenta clínica.

ABSTRACT

Problem-solving is essential for mental health and emotional well-being. Emotion-Centered Problem-Solving Therapy (EC-PST) is a diathesis-stress-based model that promotes strategies for emotional regulation and adaptive coping. This article presents the AMY-Daily tool, a ten-step tool that could serve as a potential instrument to assist therapists in monitoring their clients' coping strategies, encouraging reflection on challenges, promoting externalization of thoughts and emotions, and enhancing adaptive solutions. AMY-Daily is based on the four intervention mechanisms of EC-PST: systematic planning, reduction of cognitive overload, motivation for action, and emotional regulation. Although promising, the AMY-Daily remains a proposal for a potential tool for clinical use and still lacks empirical validation. It is concluded that AMY-Daily could be an innovative resource in EC-PST, contributing to the promotion of coping and emotional regulation skills. Further studies should investigate its effectiveness in different clinical contexts.

Keywords: coping; therapy; psychotherapy; instrument development; clinical tool.

RESUMEN

La resolución de problemas es esencial para la salud mental y el bienestar emocional. La Terapia de Solución de Problemas Centrada en las Emociones (EC-PST) es un modelo basado en diátesis-estrés que promueve estrategias para la regulación emocional y el afrontamiento adaptativo. Este artículo presenta la herramienta AMY-Daily, una herramienta de diez pasos que podría servir como un instrumento potencial para ayudar a los terapeutas a monitorear las estrategias de afrontamiento de sus clientes, fomentar la reflexión sobre los retos, promover la externalización de pensamientos y emociones, y mejorar las soluciones adaptativas. La AMY-Daily se basa en los cuatro mecanismos de intervención de EC-PST: planificación sistemática, reducción de la sobrecarga cognitiva, motivación para la acción y regulación emocional. Aunque prometedora, AMY-Daily todavía es una herramienta propuesta para un posible uso clínico

y carece de validación empírica. Se concluye que AMY-Daily puede ser un recurso innovador en EC-PST, que contribuye a la promoción de habilidades de afrontamiento y regulación emocional. Estudios futuros deben investigar su eficacia en diferentes contextos clínicos.

Palabras clave: afrontamiento; terapia; psicoterapia; desarrollo de instrumentos; herramienta clínica.

Introduction

Effective problem-solving is essential for individuals to adapt and thrive. It empowers people to tackle life's challenges and achieve their goals while minimizing negative impacts (Nezu & Nezu, 2021; Nezu et al., 2013). This skill is closely linked to mental health, influencing the likelihood of psychological disorders and overall well-being (Luiz & Tsutsumi, 2026; Nezu et al., 2015). However, not everyone has the ability to effectively navigate daily challenges. The effectiveness of one's problem-solving skills greatly affects their social competence and mental health (Bell & D'Zurilla, 2009). Social competence includes three key skill sets: (1) adapting behaviors to achieve goals (i.e., flexibility); (2) utilizing various social resources (i.e., variability); and (3) fostering a positive and expansive perspective on life (i.e., rationalization and positive orientation). Improving these skills is a central focus of psychotherapy (Tenhula et al., 2014).

Understanding clients' contexts and behaviors goes beyond verbal communication in sessions. Thus, therapists could incorporate tools and assignments that allow them to observe clients' behaviors and foster self-reliance. Some examples are instruments and technologies that allow the measurement of clinical outcomes, changing processes, and the extension of interventions to everyday activities (e.g., Balaskas et al., 2021; Forand et al., 2025; Grubbs et al., 2022). However, as clinical psychologists, we recognize that creating these tools can be challenging, and we often find ourselves relying on quantitative scales that can obscure the goals we have set for clients, such as helping them develop a more analytical perspective on their own lives. For that purpose, this article aims to provide an overview of Emotion-Centered Problem-Solving Therapy (EC-PST) (Nezu & Nezu, 2021) and to introduce a potential tool that therapists could use to track how clients tackle problems in their lives, aiding in the development of new strategies for everyday challenges. Although it could help clinicians in their professional activities, it is important to highlight that this is a prospective paper

with a theoretical contribution, and the tool presented is a potential instrument for clinical settings that as yet lacks empirical validation.

What is EC-PST?

EC-PST is a therapeutic model within cognitive-behavioral therapies that aims to promote problem-solving and emotional regulation skills in a structured and adaptive manner (Luiz & Tsutsumi, 2026; Nezu & Perri, 1989). Grounded in the diathesis-stress model (Luiz & Tsutsumi, 2025), EC-PST seeks to understand how interactions between biological, historical, and contextual factors influence an individual's ability to face difficulties and relate to their problems (Monroe & Simons, 1991). This approach proposes systematic interventions that include the externalization of thoughts and emotions, simplification of complex problems, and implementation of rational decision-making and conflict resolution strategies (Nezu & Nezu, 2019). These interventions aim to help individuals cope with real-life problems, which are defined as situations that require adaptive responses to avoid or minimize potential negative consequences in contexts where the available solutions are not immediately obvious or readily accessible to those who need to respond (Nezu et al., 2004). These issues may arise as one-time events (e.g., missing a bus or an important meeting) or as chronic situations (e.g., depression, anxiety, cancer, and long-term abusive relationships).

Whether single or chronic, problems can arise when (1) experiencing something new (e.g., starting a new job or attending college); (2) feeling confused or uncertain about how to act (e.g., not knowing how to secure funds to pay off debts); (3) failing to adequately predict the future (e.g., lacking control over job security); (4) personal values conflict with life conditions or with the values of others (e.g., differences in values or goals between people in a relationship); (5) failing to behave effectively or showing behavioral deficits (e.g., when receiving poor grades or struggling to communicate adequately); (6) facing social or personal resource issues (e.g., dealing with financial difficulties or lacking a support network); and (7) experiencing intense emotional fluctuations (e.g., feeling intense anger in traffic situations or coping with the loss of a loved one). Therefore, real-life problems are idiosyncratic products of the interaction between the person and the environment (D'Zurilla et al., 2004; Ugueto et al., 2014).

When clients face such situations in their daily lives, they might quickly see them as problems to tackle, or they may come to this realization later (D'Zurilla & Nezu, 1999). This immediate awareness often results from physical, emotional, and private behavioral responses such as a racing heart, headaches,

a desire for revenge, a wish to flee, and negative self-reflections about the situation or themselves (D’Zurilla & Nezu, 1982). Recognizing a problem at once isn’t necessarily negative; it shows that something is amiss, helps tag the situation as a challenge, and prepares the individual for solution-focused actions, provided they have cultivated this skill set.

Conversely, some people might only recognize an issue after being exposed to it multiple times, which can hinder their capacity to address it promptly. This delay may arise from challenges in effectively analyzing their circumstances and their internal feelings (Cuijpers et al., 2007). Therefore, an important skill for someone to develop to create authentic and effective solutions to real-world problems is the ability to quickly identify when a situation demands action (Luiz & Tsutsumi, 2026). The physiological and behavioral responses that follow this awareness should be controlled to reduce adverse effects and enhance desirable outcomes (Nezu et al., 2013). In this context, real-life solutions are customized coping strategies designed for unique situations. They can change the problematic elements of a situation; adjust unproductive responses; or accomplish both (D’Zurilla & Nezu, 2007). Since challenges vary from individual to individual, so do the approaches to tackle them. This underscores a complex, personalized process of identifying and choosing specific coping strategies to address particular problems (D’Zurilla & Goldfried, 1971), ultimately aiming to lessen the adverse impacts of stress on overall well-being.

In-depth research on the EC-PST model for various formats and audiences has resulted in the development and customization of four intervention mechanisms. These can be used in their entirety or in parts, based on each client’s needs (D’Zurilla et al., 2004). Collectively, these are referred to as the Problem-Solving Toolkit. The first mechanism, Kit 1, is the Problem-Solving Planning Toolkit, designed to promote a systematic and strategic method for tackling everyday challenges. The second mechanism, Kit 2, called the Toolkit for Overcoming Cognitive Overload, assists clients in minimizing the adverse effects of handling multiple pieces of information, tasks, or stimuli simultaneously. The third mechanism, Kit 3, known as the Toolkit for Increasing Motivation for Action and Reducing Feelings of Hopelessness, focuses on identifying both positive and negative outcomes that may arise if no action plan is implemented, or if the action plan is not carried out successfully. The fourth mechanism, Kit 4, is the Toolkit for Overcoming Emotional Dysregulation, which seeks to aid clients in more effectively managing their emotional responses to stressful situations. All these kits can be found in the book *Problem-solving therapy: A treatment manual* (Nezu et al., 2013), and we

suggest that the therapist interested in this model of therapy read all the manuals before implementing any of the kits.

Although the four kits of EC-PST can be trained during sessions and assigned as homework, we propose that a simple line of thought, based on open questions, can serve as an important tool for assessing clients' thinking patterns and helping them develop a more analytical perspective on life. The authors of this article developed this tool and implemented it in their clinical practice. It is important to emphasize that this tool lacks psychometric properties and has not been tested scientifically. However, we believe it could provide insights for therapists who use tools to monitor how clients cope with real-life problems. Our tool is based on the kits of the EC-PST (Nezu & Nezu, 2021), focusing on externalization, simplification, and problem definition and formulation skills. Table 1 summarizes the 10 steps of our tool and the EC-PST mechanisms involved in each step.

Table 1 — The 10 steps of AMY-Daily and the EC-PST mechanisms involved in each

AMY-Daily Step	Clinical Function	EC-PST Mechanism
1	Definition of the context	Problem definition
2	Identification of immediate thoughts	Externalization and Simplification
3	Identification of emotional and physical changes	Externalization and Simplification
4	Identification of the pattern of thinking	Externalization and Simplification
5	Description of public behaviors	Externalization and Simplification
6	Identification of public and private consequences	Externalization and Simplification
7	Description and generation of alternatives	Problem formulation skills
8	Rationalization	Problem formulation skills
9	Differentiation between the old and the alternative behavior	Problem formulation skills
10	Directions and/or commentaries	—

The AMY-Daily tool

The AMY-Daily tool was named after its creators (the authors of this article). It comprises 10 steps involving eight open questions, one closed one, and a space for general notes. The order of the 10 steps is designed to create a pattern of thinking about real-life problems that consider: (1) the context; (2) thoughts; (3) feelings; (4) patterns of thinking; (5) public behaviors; (6) consequences; (7) generation of alternatives; (8) rationalization; and (9) consciousness. This order aims to guide the client to several aspects of the problems they are coping with that are useful to understand why they are suffering; the differences between what the problem is and the thoughts about the problem; what are the alternatives; and how could the client be more empathetic with their abilities. All questions are accompanied by brief instructions to guide clients. When applying the AMY-Daily tool, we also provide examples of how the client may respond to the questions. This can help avoid the “blank screen” and model the client’s behavior. Appendix A presents the questions from the AMY-Daily tool. Appendix B shows how the client could respond to the AMY-Daily tool.

Discussion

Although the present article does not provide empirical validation, the AMY-Daily tool is conceptually aligned with a broader movement in psychotherapy toward *measurement-based care* and *routine monitoring*, which emphasize repeated, structured tracking of clinically relevant processes to inform case formulation and guide treatment decisions (Dey et al., 2025).

From a clinical standpoint, AMY-Daily may facilitate at least three hypothesized functions. First, by prompting clients to describe context, thoughts, emotions, actions, and consequences in a consistent sequence, the tool may reduce retrospective recall bias and increase the specificity of clinically relevant episodes discussed in session. This logic is consistent with the rationale of repeated, in-the-moment or near-real-time monitoring approaches, which are increasingly used in psychotherapy research and implementation discussions (Mink et al., 2025). Second, AMY-Daily may help clients differentiate *the problem* from *interpretations of the problem*, supporting cognitive externalization and a more analytic stance, processes that can be especially relevant when clients experience high emotional arousal or cognitive/brain overload (Beaudreau et

al., 2023). Third, by explicitly asking for alternatives, advice to a friend, and discrepancies between advice and action, the tool may strengthen self-compassionate problem-solving and generate actionable steps that can be reviewed, shaped, and reinforced during therapy.

AMY-Daily is likely to be most useful for clients who: (1) report frequent real-life stressors but have difficulty organizing episodes into a coherent narrative; (2) show avoidance or passivity patterns when distressed; (3) struggle with executive functioning demands (e.g., planning, sequencing, follow-through); or (4) benefit from concrete between-session structure. In terms of service contexts, the tool may be particularly compatible with settings where session frequency is lower, caseloads are high, or treatment is delivered via telehealth, situations in which structured between-session material can increase continuity and reduce reliance on memory-based reporting. These indications are consistent with the practical goals often highlighted in routine outcome monitoring and feedback initiatives (McAleavey et al., 2024).

As problem-solving in real life is an essential process for psychological adaptation and emotional well-being, we suggest – based on our own clinical expertise – that therapists ask their clients to use the AMY-Daily tool every day or in situations that represent real-life problems, but clinicians must choose what best fits each of their clients. Rather than prescribing daily completion for all clients, a pragmatic approach is to tailor frequency to clinical goals and client capacity (e.g., daily during high-intensity periods; event-contingent completion when a “real-life problem episode” occurs; or limited weekly sampling when burden is a concern). Reviewing a small subset of entries in-session can help link the tool to case formulation, reinforce adaptive coping steps, and collaboratively adjust goals.

In summary, AMY-Daily is proposed as a structured, low-cost clinical tool that may support EC-PST mechanisms (see Table 1) by enhancing daily-life reflection and therapist-guided feedback loops. Further empirical studies should evaluate feasibility, acceptability, and clinical outcomes across different populations and service contexts.

Conclusion

Within this context, the AMY-Daily tool was developed to offer therapists a systematic way to monitor how clients deal with their daily challenges.

Based on the four intervention mechanisms of EC-PST, this tool could lead to the externalization of thoughts and emotions, the simplification of complex problems, and the adoption of more rational and adaptive problem-solving strategies. By encouraging self-analysis and cognitive reframing, AMY-Daily seeks to enhance the client's understanding of their difficulties and foster more functional behavioral changes. Importantly, however, AMY-Daily has not yet been empirically validated; therefore, further research is needed to evaluate its feasibility, acceptability, and effectiveness using empirical designs and across diverse clinical contexts.

From a practice-oriented perspective, implementing AMY-Daily in clinical work may offer several potential advantages. First, it allows the client to develop a more analytical view of their problems, distinguishing between the real situation and the negative automatic thoughts that can influence their perception. Second, by structuring a reflective process that involves identifying the context, analyzing thoughts and emotions, examining behaviors, and considering alternatives, the tool assists in the development of a more robust problem-solving repertoire. Third, repeated use may help clients notice and revise avoidance and passivity patterns, thereby supporting greater autonomy and more values-consistent action, depending on case formulation and implementation.

Despite the potential benefits, it is important to consider some limitations. The tool has not yet undergone psychometric validation and has not been widely tested in research contexts, so its effects should be evaluated with caution. In addition, its usefulness is likely to depend on clients' engagement and on therapists' ability to integrate the tool coherently with treatment goals and workflow. Accordingly, AMY-Daily should be used flexibly and complemented by other EC-PST strategies, with adaptations to individual needs, capacity, and clinical context.

In conclusion, AMY-Daily is proposed as a practice-oriented and theoretically grounded contribution to EC-PST, offering a structured format to support problem-solving and emotional regulation processes in daily life. Rather than providing definitive evidence of benefit, the present article outlines a clinical rationale and a concrete tool that may be useful in psychotherapy. Further research is required to establish its validation, evaluate implementation in routine care, and test its effectiveness in diverse populations and service settings.

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Appendix A

AMY-Daily Tool

1– What did you experience?

Describe the situation you were in. Consider the physical environment, the people, and any other characteristics that are important to you.

2– What went through your mind?

Describe the main thoughts you had, whether good or bad. Indicate whether they were related to solving the problem you experienced or not.

3– What did you feel?

Describe if you felt any changes in your body (e.g., breathing, heart rate, sweating) and things like hopelessness, fear, anxiety, anguish, and so on.

4– What best represents your way of thinking in that situation?

Based on what you've described, circle the thought patterns that best represent how you thought during the experienced situation. You may choose more than one.

- I felt incapable of solving the problem.
- I felt capable of solving the problem.
- I felt I didn't think much about the situation and did the first thing that came to mind.
- I felt I thought a lot about the problem before making any decisions.
- My emotions were greater than the problem itself.
- My emotions were compatible with what was happening.
- When faced with the situation, I sought to avoid contact with it more than anything else.
- When I realized I was in the situation, I sought to stay calm and understand what was actually happening.
- I felt frustrated for not solving the problem.
- Even though I didn't solve the problem, I feel I was able to learn from it.
- I feel I need to be alone whenever I face something this difficult.
- I feel I did what I could, even if the result wasn't positive.

5– How did you act in this situation?

Describe what you did while experiencing the situation. Consider what you did to solve, avoid, or postpone it.

6– What were the effects of your actions?

Describe what happened after you acted the way you wrote above. Consider the effects on the context, on people, and on yourself.

7– How could you have thought and acted differently?

Describe how you could have faced (thought) and acted differently about this situation, and what the possible consequences of that would be.

8– What advice would you give?

Describe how you would advise a friend who went through a similar situation.

9– What are the differences between your advice and what you did?

Here, focus on creating topics that exemplify these differences.

10– General Notes:

Appendix B

AMY-Daily Tool [Example]

[In the following steps, answers that might be given are shown in *italics*.]

1– What did you experience?

Describe the situation you were in. Consider the physical environment, the people, and any other characteristics that are important to you.

In a year-start planning work meeting, I needed to present my ideas for a new project. The meeting room is a large space that accommodates approximately 20 people. All team members were at this meeting. I have some friends at work, but I have little contact with most people, and some of them are quite unpleasant. They make harsh comments and are extremely critical in their feedback. My boss is one of those people. On that day, different teams were supposed to present their ideas, and I was responsible for my group's presentation. I got very nervous and ended up giving up on making the presentation. I asked a teammate to replace me. I left the meeting room with the excuse that I wasn't feeling well. I left work early that day.

2– What went through your mind?

Describe the main thoughts you had, whether good or bad. Indicate whether they were related to solving the problem you experienced or not.

Before arriving in the meeting room, I was confident that I would give a good presentation and that the new project idea was good. However, when I saw the crowded room and that the people I consider unpleasant were present, everything changed. I started thinking that I could say something stupid, that the idea wasn't good, that they would criticize me, that I wouldn't know how to answer the questions, that my boss might think I was incompetent, and that I would embarrass my team. I just kept thinking that I needed to get out of that place as quickly as possible

3– What did you feel?

Describe if you felt any changes in your body (e.g., breathing, heart rate, sweating) and things like hopelessness, fear, anxiety, anguish, and so on.

While I was waiting for my turn to present, I felt very insecure. I started to think it was a mistake to have been chosen to be the presenter of the new project idea. I felt like an imposter for going on stage to talk about something I was starting

to doubt I really knew anything about. My heart started beating faster and faster, my hands were sweating, my legs seemed to disobey me, my stomach hurt, and my mouth got very dry. I even thought I might faint. I started to feel dizzy and nauseous. As if my body being this strange wasn't enough, I was increasingly distressed and nervous about my presentation getting closer

4– What best represents your way of thinking in that situation?

Based on what you've described, circle the thought patterns that best represent how you thought during the experienced situation. You may choose more than one.

[In this step, choices that might be circled are shown in *italics*.]

- *I felt incapable of solving the problem.*
- I felt capable of solving the problem.
- *I felt I didn't think much about the situation and did the first thing that came to mind.*
- I felt I thought a lot about the problem before making any decisions.
- *My emotions were greater than the problem itself.*
- My emotions were compatible with what was happening.
- *When faced with the situation, I sought to avoid contact with it more than anything else.*
- When I realized I was in the situation, I sought to stay calm and understand what was actually happening.
- *I felt frustrated for not solving the problem.*
- Even though I didn't solve the problem, I feel I was able to learn from it.
- I feel I need to be alone whenever I face something difficult.
- *I feel I did what I could, even if the result wasn't positive.*

5– How did you act in this situation?

Describe what you did while experiencing the situation. Consider what you did to solve, avoid, or postpone it.

It seems I didn't take much action in the face of what I was feeling. Before the presentation, I left the room a few times to get water, go to the bathroom, and wash my face. I checked my cell phone several times to try to distract myself. I reread my presentation script more than three times, thinking it would give me security. Nothing helped. I didn't want anyone to know I was feeling that way. I worried about what they would think of me. So, I made up that I was feeling unwell and asked a colleague to replace me in the presentation.

6– What were the effects of your actions?

Describe what happened after you acted the way you wrote above. Consider the effects on the context, on people, and on yourself.

At first, I was very relieved to have left that meeting room. But when I got home, I felt like a failure. My coworkers weren't very happy with me. The next day, one of them came to tell me that he was disappointed that he didn't see me present because he believed I would have presented better than the colleague who replaced me. Our new project idea wasn't approved, and all my colleagues said that my colleague's poorly prepared presentation was a decisive factor. Over the months, I had other opportunities to present a project, but my colleagues started choosing someone else. All of this made me believe that I really failed the moment I gave up on the presentation.

7– How could you have thought and acted differently?

Describe how you could have faced (thought) and acted differently about this situation, and what the possible consequences of that would be.

Maybe I should think that it was just one episode and that I can try again. To think that my colleagues are trying to approve new projects and don't hate me

8– What advice would you give?

Describe how you would advise a friend who went through a similar situation.

If it were a colleague of mine in my place, I would have encouraged him to present, saying that he is competent and that he worked hard on the project, that he knows the project more than anyone else, and that I would be there to assist with whatever was needed.

9– What are the differences between your advice and what you did?

Here, focus on creating topics that exemplify these differences.

I would have supported a friend, but I didn't support myself. I would have understood a friend's nervousness, but I judged myself, considering myself a failure.

10– General Notes:

There are no notes.

Data availability

This study has not analyzed or generated any data set, due to its theoretical nature.

Contribution of each author for the article

André Connor de Méo Luiz: Conceptual analysis and manuscript writing.

Myenne Mieko Ayres Tsutsumi: Manuscript writing.

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