Module 1: Purpose and Rationale

I. Purpose and Structure of Training

Provide systematic, effective and efficient ways to behavioral/emotional problems within the constraints of the primary care practice. Will focus on clinical skills in 4 Modules:

A. Module 1: Rationale
   1. Need for and challenges to treating behavioral/emotional problems within primary care

B. Module 2: Common Engagement Strategies
   1. Effective, evidence-based strategies to facilitate families’ discussions of behavioral/emotional problems during short visits and participation in treatment
      a) Respect and trust: Exploration of beliefs and attitudes
      b) Active communication
      c) Activating and empowering families
      d) Supporting resilience

C. Module 3: Screening and interpretation of results
   1. Identifying existing concerns in an evidence-based, systematic manner through effective screening and engagement strategies—addressing children’s problems that otherwise would not be treated
   2. Know more about screens for behavioral and emotional issues — how they can and can't be helpful
   3. Provide a general way to integrate screening results into the overall assessment of issues and concerns to be covered in the visit
   4. Be able to more efficiently and effectively come to agreement with the youth/family on the nature of the behavioral/emotional problem

D. Module 3: Responding to behavioral/emotional concerns
   1. Be able to more efficiently come to agreement with the youth/family on what might be done about behavioral/emotional issue
   2. Be able to provide guidance, advice and manageable interventions more effectively for behavioral/emotional problems by employing Engagement Strategies.
   3. Be more effective and more efficient when families and providers disagree about the diagnosis or plan
   4. Encourage the involvement of families; motivate and empower them to implement treatments for behavioral/emotional challenges
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5. Increase effectiveness of making referrals

E. Key Points
1. The components and structure of the training based on what we learned from providers and families through interviews and focus groups (Use direct quotes during the training and tell providers they are direct quotes.)
2. We know that primary care providers (PCPs) have limited time
   a) There are many things that providers and families want to talk about during doctors’ visits
   b) The strategies this training will recommend fit well with the providers’ goals and the normal course of providers’ daily work
3. The training focuses on valuable, relevant clinical skills

II. Rationale: Why is this training important?
A. Behavioral and emotional difficulties are a major concern for families – need is unmet
   1. Present statistics demonstrating the importance of behavioral/emotional care in primary care, especially for vulnerable populations or kids who are already at risk
   2. The majority of children with emotional and behavioral disturbances and their families, and particularly those in early stages of difficulty receive little care.

   Video Clip #X: A case where a doctor didn’t realize that a child who came in for a regular checkup was having an emotional difficulty

3. Need to treat children who have difficulties that may be mild but are interfering with their lives and can lead to more serious problems

B. Primary Care is seen as the first stop by families to get help with these issues
   1. Primary care is seen as an important resource for families
   2. Primary care staff are expected to address behavioral/ emotional issues in the same way as other physical problems
      a) Try to understand concerns quickly, usually within a few minutes
      b) Agree on a working definition of the problem/diagnosis
         (1) Using rating tools if appropriate and useful to confirm
      c) Agree on a plan – what to do now
         (1) Detect and manage emergencies or severe illness
         (2) Offer advice to family based on their general pediatric training and on manuals
(3) Offer active interventions (e.g., contact school personnel, medication)

d) Offer the possibility of a return visit or referral if things do not improve, or if the plan does not work, in order to determine next steps in diagnosis or treatment

(1) Continue to consider the diagnosis if there is not a plan to see a specialist and the PCP is treating the child

(2) Get confirmation from specialist if they refer

3. Viewed by the American Academy of Pediatrics as a key function for pediatricians and family practice

C. Challenges in addressing behavioral/emotional issues that can make those issues outside of a PCP’s comfort zone:

1. Understanding and treating these issues is often not part of standard training for primary care providers

2. Mostly dependent on report of child, families and others to understand and treat problems
   a) Issues are more subtle, families have a hard time putting concerns into words
   b) Differences between how parents, youth and providers view the concern
   c) Cultural/ethnic differences in families’ level of comfort and ease in reporting emotional/behavioral health issues
   d) Problems often carry an element of stigma or shame for families and youth

3. Determining severity of crises/emergencies

4. Behavioral/emotional problems in children often lead to conflict among family members—
   a) PCPs and families often need to work together to reduce those conflicts before discussing or acting on advice or treatment
   b) Conflict can makes agreement on a plan for immediate help and further evaluation more difficult

5. Treatment depends on active family (parent and youth) involvement
   a) Family and provider need to develop trust and partnership for treatment plans to be successful
   b) Success of the intervention plan relies heavily on the child’s family to carry out recommendations
   c) Provider and family need to assess progress together

6. Parents feel stress and burden in dealing with problems
Module 2: Common Engagement Strategies

I. **Definition:** Providing help for behavioral/emotional issues requires a set of clinical skills we are calling **Common Engagement Strategies.** Those strategies promote strong and effective partnerships between primary care providers and families. They are similar to the effective patient-provider interactions practiced in usual medical care. They are:

1. **Exploring attitudes and beliefs** of families and providers
2. **Communicating** openly to enhance the quality of family/provider relationship
3. Promoting **family empowerment and activation**
4. **Supporting resilience** in families and youth

II. **Importance of Common Engagement Strategies**

Video Clip #X: Show a situation where talking about mental health issues is easy and straightforward and the provider/family work well together
A. Skills to partner with and motivate families

B. These engagement strategies are critical to the delivery of quality interventions for behavioral/emotional problems

1. Research shows that:

   a) Medical care that is focused on the relationships between patients and clinicians is associated with positive outcomes

   b) The quality of the patient-provider relationship influences patient outcomes more than the effects of specific medical treatments

   c) Programs that demonstrate and support partnering with families help families more confident and comfortable in supporting their children’s development

   d) Involving families increases the likelihood that family members will feel valued and that they will implement strategies at home, which reinforces the impact of primary care advice

2. Engagement Strategies are similarly important in treating other chronic illness (e.g., diabetes, asthma) which require family involvement; however there are differences between treating emotional/behavioral concerns and chronic physical illness

III. Engagement Strategy 1. Respect and Trust: Exploring Attitudes and Beliefs

A. Why is it important? Exploring, recognizing and respecting a family’s culture, language, beliefs and attitudes without judgment can help you understand:

   1. The family’s needs

   2. How the family’s background may influence parents’ views of their children’s behavioral/emotional issues, their role in treatment, and the services that they will support

   3. How to work together to develop the best treatment for the child - the more the family is part of creating and carrying out plans, the greater
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their involvement and satisfaction, and the better the outcomes for the child

B. How to explore different aspects of culture and beliefs

1. Communication and interaction styles: “How does your family solve problems?”, “How are decisions made?”

2. Family roles: “Who are the important people in your lives?”, “How do things get done around the house?”, “Who provides nurturing?”, “Who sets rules?”, “How do different members of the family view child’s challenges?”

3. Natural support networks and formal supports such as service agencies: “Who do you call when you need help or wants to talk”, “Who is supportive?”

4. Attitudes toward seeking help and how it may affect their feelings about addressing behavioral/emotional issues: “How do you feel about coming for help?” “What have your family members or friends said about seeking help?”, “Have you sought help before? How did it work out?” “What have you heard about the ways to help young children with these types of challenges?”

5. Parenting practices: “What is your family’s view on discipline?”

Video Clip # X: Provider-parent conversation about culture and beliefs; focus on what the pediatrician learned about the family’s culture and belief

IV. Engagement Strategy 2. Empowering

A. Families need to be involved in all aspects of identifying and treating behavioral/emotional problems

1. Gathering and sharing information about children through observation and conversations

2. Completing assessments of children’s behavior

3. Planning strategies for children within different care settings (e.g., home, classroom, family child care)

4. Following through with strategies
5. Assessing effectiveness of interventions

B. How to help families to see their own strengths, increase knowledge and skills around supporting child development and dealing with problems

1. Look for the positive, point out the family skills, knowledge and abilities, and work on opportunities for families to test new strategies

2. Encourage parents to take control; help them take a role in choosing appropriate treatment activities for their child

3. Share positive feedback with families, point out successes

4. Talk about how parent’s actions are crucial for the desired change

5. Make sure not to negatively label the family (e.g., “dysfunctional,” “hard to reach,” “non-compliant”); believe the family can learn, grow and change; keep optimistic about progress and change

6. Focus efforts on the present - don’t view past history as the predictor of success

V. Engagement Strategy 3. Supporting Resilience

A. Help families identify and cope with stress that may make it difficult to deal with the challenges of raising children

B. Parents are not always aware how their ability to cope with stress may impact their capacity to parent and their children’s development

C. Strategies to explore current stressors with families and to encourage them to be an active part in positive change include:

1. Encourage discussion of needs and stress: factors contributing to family stress, successful coping strategies and their personal, family, and community resources. Convey understanding by using active listening techniques: “I gather that you felt angry or frustrated or confused when...”

2. Explore different aspects of stress:


Video Clip # X: Staff supporting parent in disclosing or in developing treatment plan
b) What the parent identifies as everyday stressors: “What kinds of frustrations do you deal with during the day? Has something happened recently that has made life more difficult?”

c) Impact of stress on family: “How are you able to meet your children’s needs when you are dealing with stress? How do your children react to this stress? How does your spouse or partner support you in times of stress?”

d) Other family members’ stresses or concerns

e) Short-term supports (respite care, help with a new baby, help during an illness): “When you are under stress, what is most helpful to you?”

f) Long-term support (job training, marital counseling): “Are there places in the community where you can find help?”

3. Help build a positive vision of future. Conversations about possibilities allow the family to step out of from under weight of everyday problems.

4. Affirm your support, make sure the family knows that you are there to support their goals and work with them, concentrate on their goals, and use a solution-focused approach

5. Help the family develop a plan to reduce effects of external stressors. Encourage parents to seek help and take steps to combat stress.

a) Evaluate which stressors are producing the most disruption of family interaction and routines, leisure time, work/employment, social networks and community involvement.

b) Identify resources and strategies to reduce the impact of stressors. Some needs are obvious. Others, such as marital counseling or substance abuse treatment, may become apparent when one family member expresses concern about another. Link the family to necessary resources, service providers, and advocates.

c) Identify family and other natural supports. Help family members identify their own social support network to reduce a sense of isolation. Make available a list of community resources (i.e., churches, provider organizations, and informal support networks,
VI. Engagement Strategy 4. Active Communication

A. Discussions about behavioral/emotional problems should be simple and straightforward to help avoid misunderstandings.

B. A number of skills are involved in active communication, which builds strong relationships

1. Attending: Focusing on the other person, for example engaging in eye contact, facing the person who is speaking, limiting distractions, etc.

2. Restating messages: Responding to a parent's verbal message. "I heard you say that you felt frustrated when Kara's teacher said that she had problems and that you should set more rules for her."

3. Reflecting feelings, experiences, or content: Reinforcing and supporting the speaker and clarifying the speaker’s meaning. "That must have been hard for you. I can tell by your tears that it is still upsetting to talk about."

4. Interpreting. Offering a tentative interpretation about the other's feelings, desires, or meanings. "What I am hearing from you is that this experience made you question your own parenting skills."

5. Summarizing, synthesizing: Bringing feelings and experiences together. "Let's focus a bit on these questions around parenting."

6. Probing: Asking questions in a supportive way that requests more information or that attempts to clear up confusions. "Tell me hear more about some of the ways you feel successful as a parent."

7. Supporting: Showing warmth and caring in one's own individual way. "It sounds like there are many things that you do as a parent that support your child. Parenting isn't always easy is it?"

8. Checking Perceptions: Finding out if interpretations and perceptions are valid and accurate. "You had a difficult time hearing that Kara was struggling in
school, you felt like maybe you hadn't been doing enough to help her. It is clear you are passionate about being a mother and have much strength, yet are fearful that there is something you are missing, does that sound accurate so far?"

9. Being Quiet: Giving the other time to think as well as to talk.

C. Reviewing feedback on progress, expectations and goals is a part of good communication. Ways to start this conversation include

1. “I want to make sure that what we’re doing is working for you.” “How is this going for you?” “Are we moving in a direction that works for you?”

2. “Are we talking about the right things? Are there things we should be talking about that we are not?”

3. “What direction do you hope we take next?”
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Module 3. (Eliciting concerns) Screening and Interpretation

“Screenings” are tools, often surveys, which parents or the child/youth fill out to measure the possibility of an emotional or behavioral concern. Screens cannot determine for sure if a person has or does not have an emotional or behavioral concern, but they can help providers find out whether they should talk more with the patient and family about a particular concern.

I. Importance of Screening -

A. Problems often are not identified
   1. Pediatricians identified only one of five children with behavioral-health problems using only their clinical impressions
   2. Only 30-40% of parents volunteer concerns without prompting from providers

B. Identification of potential problems increases when parents indicate that they have a concern and standardized tools are used to screen
   1. May help the family recognize that this is an area for discussion
   2. May help point toward an area of diagnosis
   3. May give an indication of severity

C. Presents a framework for asking questions

II. Limitations of Screening

A. Though there is strong evidence that standardized screenings work well across large populations, they are much less reliable as clinical tools for individual cases

B. Screenings are good at helping identify problems, but they are not perfect

C. Great variation across cultural and literacy groups – questions misunderstood or understood in different ways (so must take into account cultural background and how that might affect results)

III. Beginning the discussion about screening results

A. Before providing the screen, it is a good idea to prepare parents and youth in advance. A simple way to do this is to put pamphlets in the waiting area and exam rooms to expose parents to the concept of behavioral-health screening or use a video if that is available in the waiting area.

B. It is natural for families to feel apprehensive about talking about their child’s behavioral/emotional difficulties and to feel unsure about the medical staff’s role and their own role in the process.

When the treatment processes and roles are clearly outlined from the beginning,
families may be more open to actively participating as well as sharing their expertise.

C. How medical staff enters a relationship with a family around behavioral/emotional issues can have lasting effects on the family’s level of understanding of and participation in interventions. To support a positive beginning:

1. Immediately bring up the idea of a partnership, conveying respect for the parents as an expert on the child and continually seeking their perspective on the child and the situation.
2. Set up an agenda for the visit so that the family’s and PCP’s concerns can be addressed.
3. Get a full idea about concerns and issues to avoid the last minute questions as family is leaving (“doorknob questions”).

D. Clarify what screening indicates (not a diagnosis) and describe the process as many times as necessary verbally and with handouts during the initial meeting with the family.

E. Actively listen to family members’ point of view on what they are feeling, thinking, and observing at that time. Elicit their concerns about their child and help them prioritize goals.

1. How to help family specify their concerns
2. Clarify and help deal with any conflict between the child/youth and parent
3. Dealing with hopelessness/“tried it all” feelings

F. Repeatedly convey support of the parents and show that you are willing to work with them to improve the situation for their child. Emphasize the positive effects of treatment to build hope.

IV. Initiating discussion about a concerning (“positive”) screen.

A. Verbally acknowledge the screening and its results with parent/guardian or youth, explaining the score and the concerns indicated.

B. Decide how much time there is to talk about the screening during the visit. If there is insufficient time to explore “positive” items, schedule a return visit or arrange a telephone follow-up.

Video clip # X: Sticky situations for primary care:

- appears to be a problem but not obvious what it is
- family/youth disagree with each other or with you
  - if there is a problem
  - what the problem is
  - what should be done about it
C. Referring to a mental health provider without further exploration of the “positive” items may be appropriate when parents are concerned or the PCP has had a concern in addition to the screening results.

D. Always inform parents/guardians and youth that the screen does not make a diagnosis; it only indicates there may be an issue and it’s important to get more information.

V. Explore the “positive” questions with the parents/guardians and youth to better understand their responses.
   A. Use the screen responses to ask some more focused questions and/or identify the need for a more specific screen of a particular area (e.g., anxiety, depression).
   B. This discussion might clarify misunderstanding of the question, disagreement or other reasons to suggest the parent may have interpreted the question in a way that was unintended. Ask open-ended questions: “It seems your child has a lot going on. Can you tell me about the situation? How is life at home?”
   C. Keep in mind that clarifying a response to a question may uncover a different concern.

VI. Determine whether the behavioral/emotional concerns are affecting the child’s functioning (severity).
   A. Ask how the parent/guardian is coping in light of the concerns.
   B. Ask for permission to get more information (e.g., from school).

VII. A follow-up screening can be conducted for specific issues such as ADHD, anxiety, or depression.

VIII. Presenting your impression to the family
   A. Ask what they think
   B. Ask for permission to say what you think
   C. Ways of framing your thoughts to minimize chances of rejection
   D. Listen and understand if the family is angry at the system or at you (the primary care provider) about negative experiences in the past.

IX. If the results of the screen are reassuring (“negative”), acknowledge as such to the parent/guardian and youth, for example, “Things seem to be going well; that’s terrific.” Ask if any questions came up while the form was being completed; this can help to build the provider-patient relationship.
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Module 4: Responding to an identified risk of a behavioral concern

I. Rationale
   A. Physicians have been trained to provide information, but not how to help individuals change their behavior.
   B. Use Common Engagement Strategies to help

II. Developing a treatment plan and maximizing chance it is accepted by the family:
   A. Getting family’s ideas and opinions
      1. Tailor the intervention to the parent’s concerns
      2. Use open-ended questions: “Help me understand how you feel about changing this behavior?” “What do you think will work for your family?”
      3. Affirm the value of families’ input: “You have really hit on the way to get Stevie to feel better about school.”
   B. Asking about beliefs that may affect families’ involvement in carrying out plan
   C. Presenting your (the PCP’s) ideas: “I have some suggestions that have helped other patients in past in situations similar to yours. May I share them with you?”
   D. Offering different options for moving forward

III. Helping parents build their motivation to change behavior
   A. Point out any inconsistency between youth’s current behavior and important life goals
   B. Involve the family in finding solutions to the problem
   C. Identify stressors that might impact motivation
   D. Get an idea of the level of motivation
      1. A person’s belief in his or her ability to change is a good predictor of success
      2. Use of an “importance and confidence” scale and follow-up discussion

IV. Developing and implementing guidance for addressing behavioral/emotional difficulties
   A. Explore family’s prior experiences in addressing problems
   B. Prepare family for treatment suggestions – inform them about:
      1. The rationale behind the plan
      2. How it will be carried out (e.g., time, follow-up visits, and their role in carrying out the suggestions.)
      3. What to expect will be asked of them in terms of information and participation
      4. What to expect in terms of outcomes
D. Your ongoing role and the family’s in management
E. Address not following-through on advice, if necessary

V. Making a referral – optimizing the provider’s interaction with mental health specialists
A. Promoting family follow-through
   1. Secondary analysis of a large national survey indicated that only 61% of referred families reported that their child saw a mental health care provider in the 6-month period after the initial primary care referral.
   2. Ask family for their ideas about what is needed now
   3. Ask about their readiness to act on this now or in the future: “Is this (suggested plan) something you would be willing to do when you leave today, or if you need it, next week/month?”
   4. Ask about barriers to potential plans/referrals, and strategies to overcome barriers: “What kinds of things would interfere with following-up on this plan we just discussed? How can we work through this so you end up getting the help you need?”
   5. Keep the door open: “I’d like to talk with you again in a few weeks to see how things are going.”

B. Cultivate relationships with the providers you refer families to
C. What to ask for in return – specify the information that you need from the provider you refer to