Goals and Objectives for Communication Skills Class for Primary Care Clinicians who provide mental health services to pediatric patients

Goals
By the end of this course, participants will be able to:
- Identify and clarify mental health needs during a pediatric visit
- Use a collaborative, rather than dominant/directive style of communication
- Reduce family/child conflict
- Support patient/family confidence and hope
- Facilitate and build agreement on diagnosis, evaluation and treatment plans
- Have greater confidence during therapeutic encounters in which a patient/family member is demoralized, angry, embarrassed, rambling, disagreeable,
- Have greater confidence that their diagnostic information and advice will be more readily accepted and followed
- Have greater confidence in their ability to care for pediatric patients with mental health problems.

Objectives
1. Identify/list the four goals of a short pediatric clinic visit that includes mental health/behavior concerns:
   a. Patient and parent (caregiver) feel their concerns are understood and respected; clinician feels confident in understanding patient concerns
   b. Identify, rule out or manage emergency/crisis
   c. Start treatment, including reduce conflict and concern and build confidence and hope
   d. Co-plan further evaluation, treatment, contingency, follow-up

2. Describe prevalence and common types of mental health/behavior problems in pediatric visits and role of primary care providers in addressing them:
   a. ADHD
   b. Depression
   c. Anxiety
   d. Substance abuse

3. List barriers to achieving patient-centered, efficient care:
   a. Short time
   b. Competing, diverse agendas (clinician, parent, child, community, institution, payer)
   c. Lack of confidence in communication skills
   d. Cultural and language differences
   e. Lack of community resources for additional services, support and information
4. Recognize, identify, describe, and provide rationale for key communication skills for complex visits to better meet pediatric mental health needs:
   a. Greeting.
      i. Warm and respectful tone of voice
      ii. Include greeting everyone in room by name
      iii. Use phrase “I want to hear from both/all of you; who wants to go first?”
      iv. Non-verbal behaviors (handshake/gentle touch; eye contact; posture facing speaker)
   b. Collaborative, efficient agenda-setting
      i. Probing for list of concerns,
      ii. taking turns so everyone’s concerns are heard and acknowledged;
      iii. define and use open-ended questions;
      iv. paraphrase/summarize concerns and
      v. ask everyone “anything else”; then
      vi. summarize before moving to specific questions on priority problem;
      vii. postponing specific questions about one problem until full agenda elicited;
      viii. asking for priorities for this visit;
      ix. make plans to follow-up on other concerns;
      x. ensure agreement
   c. Discussing a diagnosis
      i. Ask for their thoughts, what they were worried or concerned about
      ii. Ask for permission to give ideas on diagnosis or steps to evaluate
      iii. Present a list or range of possibilities (differential diagnosis, including possibility of more than one things being “right”)
      iv. Ask about readiness to take next step in determining precise diagnosis; if not now, when/what would it take?
      v. Ask about readiness to take next step in treatment; what would be grounds to act? What would motivate next step?
   d. Providing advice
      i. Ask for their ideas on treatment
      ii. Ask for permission to offer advice
      iii. Present advice as range of possibilities, including when possible, patient/family ideas
      iv. Ask about readiness to act (now or criteria in future)
      v. Ask about barriers to potential plans
      vi. Ask about strategies to overcome barriers
      vii. Rolling with resistance
   e. Managing negative interactions, including
      i. Rambling/digression
1. remind about time;
2. summarize;
3. ask for priorities – which is hardest? Which is most important now? Reassure that more issues can be tackled later.
4. ask for specific example

ii. Vague or imprecise goals (show more respect; do well in school; get along; change attitude)
1. Acknowledge goal and value underlying goal
2. Encourage specific, positive, measurable behavior to meet goal
3. Help establish consequences for behavior

iii. Hopelessness about being a “good parent” or solving the problem
1. Start from beginning? Ask for detailed account of problem
2. Reframe issue; is the glass really half full?
3. Ask for exceptions to failure and “what worked best” despite adversity
4. Shift to more achievable, perhaps smaller goal; build on small goals rather than overwhelming with vague, immediately unattainable large goal; what would be considered progress?

iv. Interruptions
1. Verbally: acknowledge; reminder of turn-taking; redirect
2. Non-verbally, shift body language
3. Consider timing; status of person interrupting/interrupted

v. Disagreements
1. “normalize” disagreement
2. point out areas of agreement; agreement on principles (importance of talking, staying connected, being safe, being respected)
3. suggest that disagreement arises from mutual concern, caring, respect (need for meeting these needs)
4. remain neutral (avoid taking sides)
5. Reassure that disagreements can be solved
6. Shift emphasis to specific requests for positive, measurable behavior

vi. Emotionally extreme statements
1. Acknowledge black/white always/never statements when they are made
2. Challenge accuracy of always/never and black/white statements
3. Put statement in context of caring relationship
4. Ask for a restatement that is “easier to hear” or a precise request or a need; move from vague complaint to specific request

vii. Anger/criticism between family members, anger with health care system, anger with provider (teen anger at being coerced into visit)
   1. Listen politely
   2. Acknowledge feeling, empathize
   3. Apologize without discrediting self or system or other target of anger; if you did nothing wrong, apologize for the distress they feel
   4. Acknowledge importance of unmet need behind feeling. “I really want to hear how you feel.”
   5. Encourage statement of need/value/importance
   6. Encourage request for specific, positive, measurable behavior to help meet need. “We can approach this in several ways; what would YOU like to do?”
   7. Plan to avoid problem in future; emphasize patient control and offer choice

viii. Rolling with resistance to diagnoses and advice
   1. Remain curious, empathetic and neutral
   2. Apologize for “getting ahead”
   3. Empathize with difficulty of changing “I can see why this is hard for you.”
   4. Summarize values and goals and ask about criteria to act
   5. Ask about discrepancy between goals and decisions
   6. Ask for pros and cons of acting/not acting.
   7. Ask What might it take to turn some of those cons into pros?"
   8. Reflect and ask for more information
   9. Agree with a twist
   10. Emphasize choice about specific, positive, measurable behavior to help meet need. “We can approach this in several ways; what would YOU like to do?”

5. Provide feedback on the most useful parts of this class and constructive advice on ways to further improve, including
   a. Technical issues (computer access, speed of connection; viewing videos)
   b. Structure (objectives, cases, content, links, resources, evaluations)
   c. Content – was this content important; what was omitted that would have been useful
   d. Evaluation – mini-quizzes to solidify understanding; final evaluation