Able-Differently
801-520-7376
www.able-differently.org

Mental Health and Wellbeing interventions for families of special needs children
Module with Training and Support of Primary care Practitioners

Over 14 million children and adolescents, or 1 in 5 (2 in 5 by 24 years old), have a diagnosable mental health disorder that requires intervention. Costs are unfathomable and only 20-25% of children who are identified receive treatment. The need is great and there exist many barriers to serve this population.

Many practitioners would agree that almost a third of their patients present with either primary or secondary psychosocial concerns. Pediatric and Family physicians have been a significant first resource for parents who are worried about their children's psychosocial problems and today behavioral concerns are the most common chronic conditions for encounters, surpassing asthma and infectious diseases. Of course children with special health care needs have increased secondary social-emotional conditions (40 %), and 75% of children with neurological handicaps have social-emotional conditions.

Families, now days are more stressed, and challenged. They have many concerns and large numbers continue to be assessed as high risk but with little or few resources. There are problems with referral to mental health networks; and if families are successfully referred there is little feedback or sufficient consultation to inform our practices in how to manage them without further stigmatization.

These children take more office time without adequate compensation (parity bill just enacted 12/09). Our continuing training has come out of necessity, and for most of us, after formal residency. It is also likely this public health epidemic is worsened by current societal changes, exacerbated by the recent recession that has lead to further cutbacks in resources, leaving voids in services.

In addition, there are large numbers of patients, as evidenced by the theory of change literature as well as our experience, where parents may not be ready or prepared to take action or feel supported to follow therapeutic advice right away. They sometimes comprise our most difficult dispositions by their rationalizing, reluctance, and rebelliousness. They define their stuck positions in contradictory, contemplative and ambivalent states of mind. Likely many health care agencies you may refer to, because of today's realities, would just give such a family another telephone referral and might not connect with them again.

We at ABLE-differently org are convinced that many such families get passed over and fall through the cracks and may be part of the revolving door phenomenon. They continue to suffer their losses and conflicts, now compounded due to the delay, disappointments, exhaustion and other barriers. This collapse with in the family, compounded by the system collapsing around them, might be passed on to you. This stresses the primary care provider's capacities, although you are a gift to the family that will be there for them no mater what.

For all of these reasons, the time has arrived, to assess, plan and enact ways for primary care to improve access, collaborate, and retrain; while creating and building a new mental health model that fits with community practice needs.

The Academy of Pediatrics has an active website to promote awareness and skills in mental health assessment and treatment at www.aap.org/mentalhealth. Please view contents including links, newsletters clinical papers, educational materials such as the following policy as of July 2009, which talks about competencies and interventions before a diagnosis is made using a common factor approach to increase optimism, well-being and other social emotional resiliencies. In June 2010, the Academy will publish on a CD-Rom a mental health tool kit for screening, assessing and procedures for 4-5 most common diagnostic conditions and evaluation of function in the child and family. Order from the book store at 888/227-1770 for ~$150.00
The AAP policy statement including how to facilitate system changes, build competence and incrementally enhance your practice for pediatric primary care, is available here at:
http://aappolicy.aappublications.org/cgi/reprint/pediatrics;124/1/410.pdf and for Family Practice Physicians at
http://www.aafp.org/online/en/home/policy/policies/m/mentalhealthcareservices.html
Reimbursement and coding practices for mental health primary care services are discussed in this white SAMHSA paper at:
http://download.ncadi.samhsa.gov/ken/pdf/SMA08-4324/SMA08-4324.pdf

The AAP's HealthyChildren.org has a number of consumer and parent articles on mental health with a facilitative search engine for writing in the particular condition as well as the medical home portal at http://www.medicalhomeportal.org/ This lists an excellent management of a number of neuro developmental *diagnoses and conditions* (menu) as well as depression with plans to expand mental health in the future.

Linda Paul manager on mental health at the Academy is available for questions at lpaul@aap.org

The following outline is an initial effort to review potential mental health literature based on the above recommendations. It is condensed and organized to be helpful and specific to primary care persons serving children and families:

- Communicating with children and their parents

- Motivation Interviewing
- Solution Focused practices
- Common Factor Research
- Cognitive Behavior skills building
- Assessment of Functional Impairment
- Child Psychopharmacology
- Most common childhood psychiatric conditions, assessment and intervention
- Referring a child with mental health disorder while wanting to remain the doctor for the family.

We need to support such a preparatory, pre treatment, early intervention health practice model. This would be crafted with web-based supports. It would avail our professional organizations to offer more on-the-job training coupled with mentoring help. We applaud the new IHC's phone mental health consultation service at 801-662-7000 and its expansion to help promote family-physician partnership. It has strength initiated proactive intervention with early preventive based collaborative efforts. The Able-differently Program, under its non- profit at 801-520-7376, also would be available to explore planning efforts to start a more formal collaborative access line for health providers mental health consultation.

A mix of ways to engage is required: early intervention, early surveillance and screening (within a provisional assessment if needed), on line and phone consultation with monitoring of the child using surveillance by phone, e-mail and occasional face to face visits.

This way we can respond to the current strained financial realities and render cost savings, while continuing to preserve the vital provider patient efficacy. Promoting the family's health-based ownership of emotional behavioral challenges is more to the heart of the matter. This approach uses trusted and familiar communication to further guarantee respect and understanding while preserving our patients' feeling "ready, able and willing". Health reform and parity will likely support you in this model.

We have assembled several sources in the appendices of what might be considered basic comprehensive skills and knowledge paths for health providers taking care of children with mental health problems. Much information is available at single web sources on line and one can pick and choose according to your interest and need. We have privileged certain sites over others based on our experience with them and to help organize a particular module have "boxed in" the citations. Please feel free to call any of the suggested consultations sources to help you order the information to get started.

We emphasize through Communication Theory that all social, cognitive and affective based healing suggests ways of exploring the families' perceived barriers, such as when they are "potential non costumers" (pre contemplation and not ready for change) associated with fearful and stigmatized ideas of mental illness, and

subsequently have strong protective defenses. Through our relationship, attunement with words of empathy and use of accepting interviewing styles, the underlying nature of the problem can be explored and understood. The physician's assessing motivation and confidence for decision making will determine the families' potential readiness for taking action. This becomes a pretreatment prerequisite involving the right communicative language: how one states their concerns, wants and needs. The resulting responses by the provider are matched during this stage, of trans-theoretical change, to the family's awareness and behavior. Motivational Interviewing ideas are furthered explored in the appendices.

Using a person's own argument for making a change, initially seeking solution-focused approaches, while working toward a diagnosis, allows time and a means to engage people and, in a more rightful way, help them prepare for using resources. Subsequently, taking this step becomes more respectful for people saving face. It incorporates the collaborative ethic and moves toward providing acceptable services. It does this by appropriate, reasoned, humane action, associated with cost effective use of scarce resources. We believe some of these relationship and communication tools outlined here will facilitate processing the more content related resources contained within the AAP's CD ROM, "Mental health Concerns in Primary Care."

Appendix for Parts I, II and III

Potential array of topics for primary health care practitioners to explore using continuing education and self- paced inquiry:

Part I: Proposed Topics for Training: Basic Module

I. **Communication Theory and Practices:** (initial skills interviewing and conversing with families)

- **Superb understanding of changing the developmental course based on important relationships and reciprocal communication: http://en.wikipedia.org/wiki/Dyadic_Developmental_Psychotherapy**
- **15 minute mental health visit supports communication skills while building the strengths of the relationship. See under Common Factors below and click here for PCP Training manual http://www.able-differently.org/mental_health_integration/communication_skills_for_pcp.pdf**
- **Thorough treatment approach to physician's talking with patients using online video support for a cost ~$100.00 published by the American Academy of Communication in Health: http://www.aachonline.org/ click on doc.com from the menu to learn how to access**

II. **Common Factors:** Resiliency, and Cultural Understanding offer initial ways to get started and foster support of several non specific elements that underlie common features of many interventions including how we: engage in the alliance, acknowledge and validate the family and "talk their talk" while using their understanding of the problem to validate family members toward making it better.

- **Physicians practical guide to cultural competent health care: Online training, approx. 9 hours long. Up to 9 free CME credits https://cccm.thinkculturalhealth.org/**
- **Cultural competent nursing care: Online training, approx. 9 hours long . Up to 9 free CME credits. https://ccnm.thinkculturalhealth.org/**

- **Common Factor Research/Lambert (common therapeutic strengths mostly universally shared by all people)**

- **A model recently adopted by the AAP mental health task force/15 minute mental health visit http://www.aap.org/mentalhealth/mh9et.html#Teleconferencs (Internet Explorer only)**

- **The following two pdf's accompanying the presentation: Click On 2 powerpoints:**

Building Alliances in primary care
http://www.able-differently.org/mental_health_integration/managing_mental_health_probs_in_pri_care.ppt
and Managing MH problems in primary care
http://www.able-differently.org/mental_health_integration/building_alliance_in_pri_care.ppt

Common factor Features:
1. Client resources that already exist within themselves or their Environments
2. Strengths in the relationships
3. Resources from hope, optimism and expectancy
4. Contributions from the model especially a CommonFactor approach

- **Resiliency Theory and Talk that includes strength based contexts from client's experience http://resilnet.uiuc.edu/ (Under Research based Institutions on the Menu look at National Resilience Resource Center, University of Minnesota)**

- **Resiliency: What We Have Learned by Bonnie Benard—a beautiful contemporary book, distilling what works and makes a difference based on the historic seminal work of Werner and Smith of the Children of Kawai—a longitudinal study of more than 700 people across four decades. http://www.wested.org/online_pubs/resiliency/resiliency.40pg.pdf**

- **Building resiliency and optimism with cognitive-behavioral skills researched at the University of Penn's positive psychology program.** http://www.embracethefuture.org.au/resiliency/index.htm and http://fishfulthinking.com/
Dr Reivich, author of an important book, The Resilience Factor and co author with Martin Seligman of the Optimistic Child have available online training for parenting this effort at R4Power and Reflective Learning.
http://www.reachinginreachingout.com/ website nurtures resiliency practices by building optimism in children according to the above researchers

III. Brief motivational and decisional balanced stages of change

The Able program has summarized motivational practices as pertinent to medical mental health care at: http://www.able-differently.org/PDF_forms/Motivational%20Interviewing.pdf

- **Solution focused practices: deShazer, Berg MI and Solution oriented ideas have been utilized in pediatrics: William Coleman, Family focused Behavioral Peds http://en.wikipedia.org/wiki/Solution_focused_brief_therapy (organized overview of how it would apply to assessment and intervention) http://www.able-differently.org/PDF_forms/handouts/UtiliIizingSolutions.pdf (using solutions step by step with families)**

IV. Using components of Cognitive –Behavior Therapy in your practice

- **Excellent site for using CBT to build optimism in children. Click on Resources top bar and Resource manual to download: http://www.reachinginreachingout.com/**

V. Assessing Functional Impairment

- **Determining functional impairment** (separate from a diagnosis) by assessing adaptation and coping in the environment: **http://jpepsy.oxfordjournals.org/cgi/reprint/24/5/369 Use of the DSM 1V Primary Care version was authored to help differentiate clinical disorders from sub threshold and sub clinical problems: http://www.aafp.org/afp/981015ap/pingitor.html This article supports an evaluation of daily and practical child Function using a simple smiley face response form. We will include our form also for your use at: http://www.able-differently.org/PDF_forms/handouts/DailyStrengthScale.pdf Clinical assessment of functioning and the Children's Global Assessment Scale helpful for more complex situations are available on page 69 and 70 in the Guidelines for Adolescent Depression in Primary Care: http://www.thereachinstitute.org/files/documents/GLAD-PCToolkit.pdf**

VI. **Psychopharmacology** of common childhood conditions including a unique battery of public domain behavioral and emotional screeners and descriptions of mental health conditions

- **http://www2.massgeneral.org/schoolpsychiatry/**
- **http://glad-pc.org/** resource tool kit for depression assessment and management in primary care
- Internet mental health with listing of common drugs for pediatric psychopharmacology use (click on top bar, contents) with childhood conditions (scroll down on home page) http://www.mentalhealth.com/

VII. **Mental Health Consultation** Access Line for Children

- **www.PALforkids.org (although the sections on the State of Washington's resources are not pertinent to Utah, there are relevant section s on best practices for health providers and offers also a scope of information sources and a model for our State eventually)**

- **IHC Hotline 801-662-7000 referral source for all children**

- **Utah IACAP is currently creating a resource list to Register psychiatry consultants—contact Susie Wiet at paige@utahmed.org**

VIII.

Kyss Child and Adolescent mental Health Fellowship Program especially for PCP's and includes much of the above content in a 20 online module emphasizing screening, assessment, interviewing and identification and early based interventions of common mental health conditions with costs up to 2250, but where parts of the program can also be utilized with minimal costs.

http://nursingandhealth.asu.edu/kyss

Or call Arizona State University at 602-496-0745

Part II: Understanding educational entitlements,

Resources and Services for Utah/Nation

IX. Special Programs in School

http://www.nasponline.org/resources/handouts/rtiprimer.pdf Response to Intervention, a Primer for Parents

http://wik.ed.uiuc.edu/index.php/504_Plan easy to understand Civil Rights legislation supporting children with functional disabilities

http://aappolicy.aappublications.org/cgi/content/full/pediatrics;119/6/1218policy AAP policy statement for kids with disabilities in school. Check out references for additional articles. From suggested reading, download from Peds Review,"Children who have difficulty in school" and "Administering medication" under cited by other articles.

http://www.medicalhomeportal.org/living-with-child/education-and-schools/parents-guide-to-school-services

Quick guide to School services from the medical home portal

X. School Mental Health delivery

- **http://www.smhp.psych.ucla.edu School Mental Health Project**
- **www.schoolmentalhealth.org user friendly school mental health information and resources for caregivers, teachers, clinicians and youth**
- www.questforwhatsbest.info **Informative site with many Utah tools for managing mental health challenges in schools**
- **http://www.able-differently.org/forparents/psychtest.html psycho educational assessment in schools**
- **http://www.able-differently.org/otherresources/forms_ho.html other public domain screening instruments for a variety of mental conditions especially under Health and Problem Assessment**
- **www.casel.org/downloads/Rubric.pdf Collaborative academic, socio emotional learning with evidenced based psycho social school interventions**
- **http://nasponline.org authoritative sources for school psychology**
- **http://www.pbis.org positive behavior supports in schools**
- http://prevnet.ca good bullying preventive interventions in different populations
- **http://www.livesinthebalance.org/ Ross Green's current work using collaborative problem solving in a restorative way with acting out children in the classroom. Contains video streamed methods and text to learn online**

XI. Public Mental Health and Substance Abuse in Utah

- **http://www.dsamh.utah.gov/crisis.htm Suicide prevention, hotline and crises intervention in Utah**
- **http://www.samhsa.gov/ good national site with locator service for Utah**
- **http://www.valleymentalhealth.org/ Valley Mental Health Services**
- **http://www.focusas.com/Utah.html several resources for families**
- **http://www.slcpd.com/insideslcpd/cit.html trained police response to mental health crises**

- **http://aappolicy.aappublications.org/cgi/content/full/pediatrics%3B106/1/143 Pediatrician's role in assessment and referral to programs with good listing of associated articles for download**
- http://uwphi.pophealth.wisc.edu/progEval/adis/interviewInstrument.pdf scoring system for SA risk

XII. Other

- www.aacap.org American academy of child and adolescent psychiatry
- www.youthinmind.co.uk interactive website to assess a child's state of mind over time
- **http://allieswithfamilies.org/intro support and advocacy for children with emotional behavioral challenges**
- **http://www.utahparentcenter.org helps for many children's disability issues**
- **www.namiut.org advocacy for all mental health concerns**
- **www.health.utah.gov/able website recognized with the Governor's Award for Excellence and intended for health providers caring for special needs children in families with primary and secondary socio-emotional-behavioral functional consequences. Refer to flier for web content: http://www.able-differently.org/PDF_forms/contactus/Able%20Web%20Handout.pdf**
- **http://www.medicalhomeportal.org/resources/services medical home community services listings**
- **http://www.informationandreferral.org further resources and supports for Utah Can access by 211 for comprehensive helping programs**
- **http://211ut.org/index.php?option=com_content&view=article&id=2&Itemid=4 Specialized resource lists for Utah compiled by 211**
- Guide for Parents: building stronger parent-child relations with attachment, cited from Contemporary Pediatrics, April 2005, Promoting self-understanding in parents, Zuckerman et al.

http://contemporarypediatrics.modernmedicine.com/contpeds/data/articlestandard//contpeds/162005/156681/article.pdf

Part III: List of other sources supporting the concept:

http://en.wikipedia.org/wiki/Communication_theory

- **Talking from the heart and forming a relationship http://www.able-differently.org/forprofessionals/ourpractices/op_part1/op_part1.html**
- **Further conversations to exchange information and share mindful talk http://www.able-differently.org/forprofessionals/ourpractices/op_part2/op_part2.html**

- **Cross/Multi cultural understandings**
  http://www.aafp.org/fpm/20001000/58cult.html (self administered questionnaire on your cultural competence)
  http://www.everyculture.com/ (search for many ethnicities)
- http://www.clas.uiuc.edu/ reflects the intersection of culture and language, disabilities and child development

- **Resiliency Theory and Talk that includes strength based contexts from client's experience http://resilnet.uiuc.edu/ (Under Research based Institutions on the Menu look at National Resilience Resource Center, University of Minnesota)**
  http://en.wikipedia.org/wiki/Transtheoretical_Model
- **Health Belief Model (strong support for primary prevention with eliciting both internal and external resource promotion**
  http://en.wikipedia.org/wiki/Health_Belief_Model
- **(MI) Motivational Interviewing/Miller, Rolnick / www.motivationalinterviewing.org**

Brief background information on CBT
http://www.dbpeds.org/articles/detail.cfm?TextID=56
extensive paper on using CBT with adolescents

- **http://www.sci.sdsu.edu/chaamp/Beh_mod_2009.pdf**
- **Self paced, interactional, patient managed (including adolescents) use of CBT titled Moodgym**
  http://moodgym.anu.edu.au/moodgym