

Communication Matters

Making a difference in children's lives



High prevalence, challenging, high stakes, treatable: These are some of the compelling attributes of childhood behavioral health issues. We are delighted to be part of a vital new communication skills training program to help primary care clinicians become more comfortable and skillful working with families struggling with childhood behavioral health concerns. **Registration is closing soon (Oct. 5, 2015)** for the pilot [Communication Skills for Child Health Care Professionals](#) workshop, **Nov. 7 in Buffalo, N.Y.** This is a unique opportunity for pediatric and family practitioners to focus on skill-building. We hope you will join us--and help us spread the word!
Warmly and with gratitude,

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Chief Executive Officer

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Director of Grants and Projects, Editor

Once upon a time

pediatricians spent much of their practice time evaluating and treating the "itises": otitis, bronchitis, gastritis, conjunctivitis, etc. The face of childhood illness has changed over time. Today, children and teens are more likely to be treated for chronic conditions, which have grown in prevalence as infectious diseases have shrunk. Things like asthma, obesity, childhood diabetes, behavioral and mental health concerns get much more focus now (Scanlon, 2015).

The prevalence of childhood behavioral health is compelling--and even alarming: Researchers (Wissow, 2008) cite evidence in the literature that **between 12% and 20% of American children have mental health conditions serious enough to warrant treatment.** Virtually all such children are seen in primary care, yet very few receive needed mental health services. Added to this are the many children whose mental health problems may not meet the criteria for diagnosable disorders, yet who have behavioral problems that may abate with treatment--and may progress to mental health disorders if left untreated.

According to the federal Substance Abuse and Mental Health Services Administration, **fewer than 20% of children and adolescents receive care for their mental health and substance problems**, which translates into more than 14 million children in need of services (SAMHSA, 2012). There is growing recognition among professional societies and public health entities of **the importance and urgency of effective intervention** (American Psychological Association, 2010), (American Academy of Pediatrics, 2013).

First things first

Before any intervention can begin, the behavioral issues must be recognized. It is now acknowledged by many professional bodies and reports that pediatric primary care clinicians have a critical role to play in meeting children's behavioral and mental health needs. Yet **fewer than half of parents or other caregivers of children with psychosocial concerns disclose such concerns to primary care providers**. The research evidence shows that such disclosure gaps are wider for children in minority families.



Many referrals not completed

Even where parents disclose behavioral health concerns and receive referrals for mental health services, an estimated 40% of such referrals are never completed (Wissow, 2008). Many factors contribute to these disheartening statistics: Broadly stated, these reflect pervasive gaps in communication and engagement in pediatric settings. To be fair, many pediatric clinicians may not have received training in mental health assessment and, understandably, may be uncomfortable with the expectation to inquire about and assess mental health concerns. This underscores the limited training in behavioral pediatrics, despite the fact that pediatric primary care clinicians are expected to address the psychosocial concerns. Training focused specifically on communication skills has been found to exert a profound and positive influence on parental disclosure of children's behavioral health concerns and on every phase of treatment and management (Wissow, 2008). Many families do not seek needed help because of fear of stigmatization and embarrassment. **The literature is clear: Providers' specific, validated communication skills improve parents' willingness to share their concerns. Even brief training is helpful, and primary care clinicians are hungry for efficient ways to augment their skills** (Wissow, 2008).

Pediatric and family medicine primary care clinicians are well-poised--and frequently eager--to manage and/or deliver some mental health services. Many, however, do not feel a high level of confidence in their skills for engaging patients and families around behavioral issues. Pediatric practices are pressed to see more patients and respond to the full array of concerns that affect children: social and behavioral, as well as physical health. Evaluating children for various "itises" is relatively quick and straightforward; evaluating them for behavioral health concerns can be time-consuming and challenging. How is it possible for busy clinicians to devote more time to behavioral health concerns, with which they are uncomfortable? In essence, there are two approaches:

1. practice changes, and
2. practitioner changes

Changes in the way practices operate can ease the path toward improved behavioral health. For example, offering on-site, integrated behavioral healthcare is a growing trend (Van Cleve, 2013). With or without on-site services, primary care and behavioral health clinicians often have some work to do getting to know one another and how each approaches patients, establishing parameters for referrals and ensuring adequate ongoing communication. Practice and referral reforms are longer-term approaches that have been validated in a number of settings.

Gaining comfort

More immediately, primary care providers can become more comfortable inviting disclosure from parents about behavioral health concerns, talking about strategies for addressing those concerns and evaluating the strategies over time.

Toward this end, IHC is collaborating with the [REACH Institute](#) and the University at Buffalo to create a brief, experiential training program for pediatric and family practice

clinicians. The focus is on building clinicians' skills (through facilitated practice and balanced feedback) and confidence assessing, diagnosing and managing children's mental health issues, and providing effective education and support to parents.



Small group learning, facilitated by a three-person team of a primary care clinician, a behavioral health clinician and a parent, will focus on specific skills and their application to children's health:

- Being present,
- Active listening,
- Active empathy,
- Forming an agreement, and
- Forming a plan.

These skills are teachable, learnable, very specific and widely applicable embodiments of **shared-decision making**.

Notes

American Academy of Pediatrics. (2013). Promoting Children's Mental Health. Retrieved from <https://www.aap.org/en-us/advocacy-and-policy/federal-advocacy/pages/mentalhealth.aspx>

American Psychological Association. (2010, Sept). Pediatricians urged to screen more closely for mental health problems. *APA Monitor on Psychology*, 41(8), p. 10. Retrieved from APA UPFRONT: <http://www.apa.org/monitor/2010/09/pediatricians.aspx>

SAMHSA. (2012, April). Identifying Mental Health and Substance Use Problems of Children and Adolescents: A Guide for Child-Serving Organizations. Retrieved from Substance Abuse and Mental Health Services

Administration: <http://store.samhsa.gov/product/Identifying-Mental-Health-and-Substance-Use-Problems-of-Children-and-Adolescents-A-Guide-for-Child-Serving-Organizations/SMA12-4700>

Scanlon, S. (2015, Jul 25). Psychiatric specialist helps get primary care doctors involved in mental health treatment. Retrieved from The Buffalo News

REFRESH: <http://www.buffalonews.com/life-arts/refresh/psychiatric-specialist-helps-get-primary-care-doctors-involved-in-mental-health-treatment-20150725>

Van Cleve, S. H.-W. (2013). Integrating Mental Health in Pediatric Primary Care. *Journal for Nurse Practitioners*, 9(4), 243-248. Retrieved from <http://www.medscape.com/viewarticle/782535>

Wissow, L. G.-C. (2008). Improving Child and Parent Mental Health in Primary Care: A Cluster-Randomized Trial of Communication Skills Training. *Pediatrics*, 121, 266-274. Retrieved Dec 8, 2014

When	Saturday, November 7, 2015, 8:00 AM - 5:00 PM
Where	University at Buffalo Clinical and Translational Research Center 875 Ellicott Street, Buffalo, New York
Cost	\$300 (payable upon acceptance)
Audience	Active and direct providers of pediatric medical care or mental health care: physicians, nurse practitioners, psychologists, clinical social workers and others in caregiving or counseling professions. Maximum 50 learners.

The University at Buffalo is accredited by the ACCME to sponsor CME for physicians. The UB School of Medicine & Biomedical Sciences designates this live activity for a maximum of 6.5 AMA PRA Category 1 Credit(s)[™]. Physicians should claim only the credit commensurate with the extent of their participation in this activity.

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