

Common Factors: Building Therapeutic Relationships in Primary Care

Cal-MAP Webinar Series
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Acknowledgements to Sally Cantrell, PhD



Cal-MAP

August 15, 2024

Announcements

- » **New name, same service:** CAPP is now **Cal-MAP!** (“The California Child and Adolescent Mental Health Access Portal)

- » For more personalized guidance on how to apply today’s teaching (and other webinars) to your own patients’ care, please call us! **Call (800) 253-2103** or **request a consult online** at cal-map.org

- » **Monthly Webinar Series recordings (on demand)**
 - Can view webinar recordings on your own time and answer questions afterwards. If you get a passing score ($\geq 66\%$), then you’re eligible for 1 hour CME and 1 hour American Board of Pediatrics MOC Part 2 credit for each webinar you complete in this way.
 - To sign up, please go to: <http://tinyurl.com/bdhhzubn>

Disclosures

- » No one involved in the planning or presentation of this activity has any relevant financial relationships with a commercial interest to disclose.
- » Cal-MAP is supported by federal and state grant funding.
 - The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) sponsors part of a federal award totaling \$2,670,000 with 17% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).
 - Cal-MAP is also sponsored by the California Department of Health Care Services Prop 56 Behavioral Health Integration Funding, in partnership with Anthem and Blue Cross.

Learning Objectives

- » Define “common-factors” communication skills, explain their importance in providing mental health care to children, and apply these skills to help build therapeutic relationships with patients and their caregivers
- » Cultivate authentic, non-judgmental, and attuned partnerships with caregivers and patients through a trauma-informed mindset and tools such as the Facilitating Attuned iNteractions (FAN)
- » Utilize brief interventions (common elements) to address common behavioral and mental health concerns in primary care

Common Factors Therapeutic Communication Skills

Bringing HELP

Based on Foy, JM, Green CM, Earls, MF, et al. Mental Health Competencies for Pediatric Practice.
Pediatrics. 2019; 144(5):320192757



Have you found yourself...

- Looking in vain for a qualified therapist who: 1) takes insurance or Medi-Cal, 2) works with children/adolescents, and 3) has appointments available in < 3 months?
- Feeling helpless or overwhelmed when mental health concerns or trauma come up during a clinic visit?

What can a pediatric primary care provider do??

Bring HELP Through Common Factors



- » **H**ope
- » **E**mpathy
- » **L**anguage/Loyalty
- » **P**ermission/Partnership/Plan


Adapted from Foy JM; American Academy of Pediatrics, Task Force on Mental Health. Enhancing pediatric mental health care: algorithms for primary care. *Pediatrics*. 2010;125(suppl 3): S110.

What are Common Factors?

Communication skills common to many different types of psychotherapy (CBT, MI, family therapy, etc)



Help a clinician build a therapeutic alliance with the patient and family, which in turn, facilitates emotional well-being and hope



Help address hopelessness, ambivalence, anger, conflict, resistance, and other barriers to seeking help

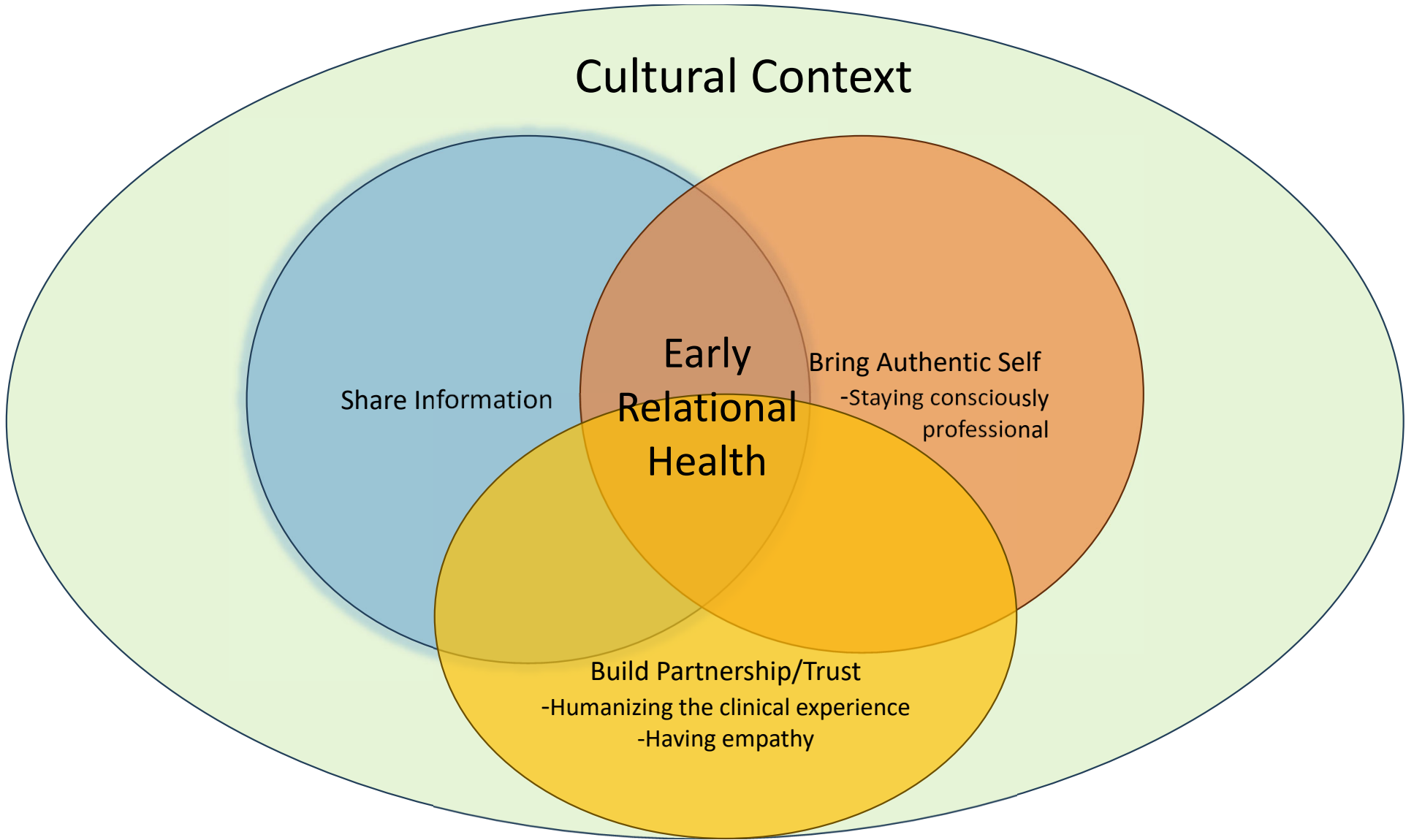
Cultural Context

Share Information

**Early
Relational
Health**

Bring Authentic Self
-Staying consciously
professional

Build Partnership/Trust
-Humanizing the clinical experience
-Having empathy



How are Common Factors Helpful?

- » **Transdiagnostic**: Helpful for a wide range of mental health symptoms and for children/youth with “diagnostic heterogeneity”
- » Can serve as **brief interventions** in pediatric primary care for children/adolescents with emerging, mild to moderate mental health symptoms
- » Help to **reduce distress** and symptoms while patients await specialty care
- » Help to **address barriers** to seeking care

Common Factor 1: Hope

Increase hope in the family by:

- » Expressing hope: "I've seen kids with this behavior or condition improve"
- » Noticing and naming the strengths you see in the child and family; elevating positive experiences
- » Expressing trust in the treatment and/or the person you're referring your patient to (e.g., behavioral health clinician)

Tipping the balance toward Resilience

Risk Factors

Poverty
Racism
Adversity
Trauma



Protective Factors

Supportive relationships
Enrichment
Community Support
Safe Environments
Coping Strategies

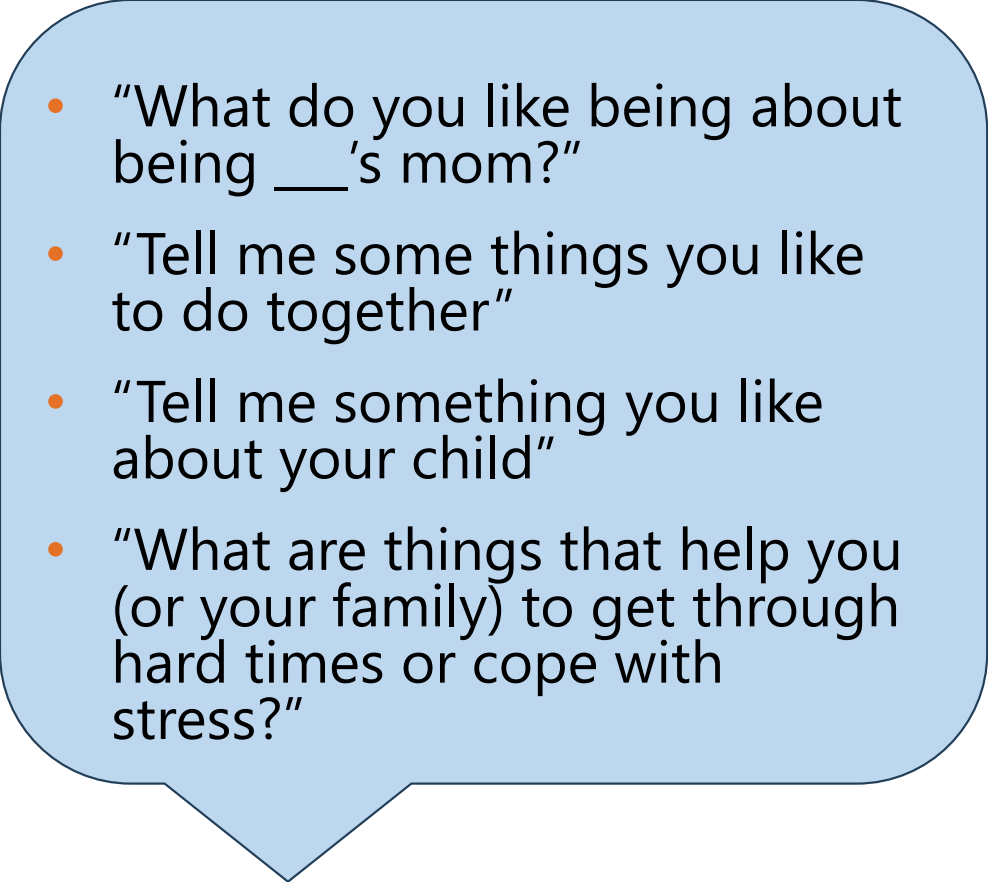
Slide 11

JJ0 @Sally: Please add in your slides/thoughts on trauma and building hope
Joan Jeung, 2024-07-24T18:51:50.632

JJ1 Also, expressing trust in the next person you're handing the family off to as a way of building hope: "I've seen kids getting better..."
Joan Jeung, 2024-07-24T18:53:17.502

Building Hope by Reinforcing Strengths

Strength-Based Communication

- Celebrate small successes
 - Notice and acknowledge something the parent is doing well
- 
- "What do you like being about being ___'s mom?"
 - "Tell me some things you like to do together"
 - "Tell me something you like about your child"
 - "What are things that help you (or your family) to get through hard times or cope with stress?"

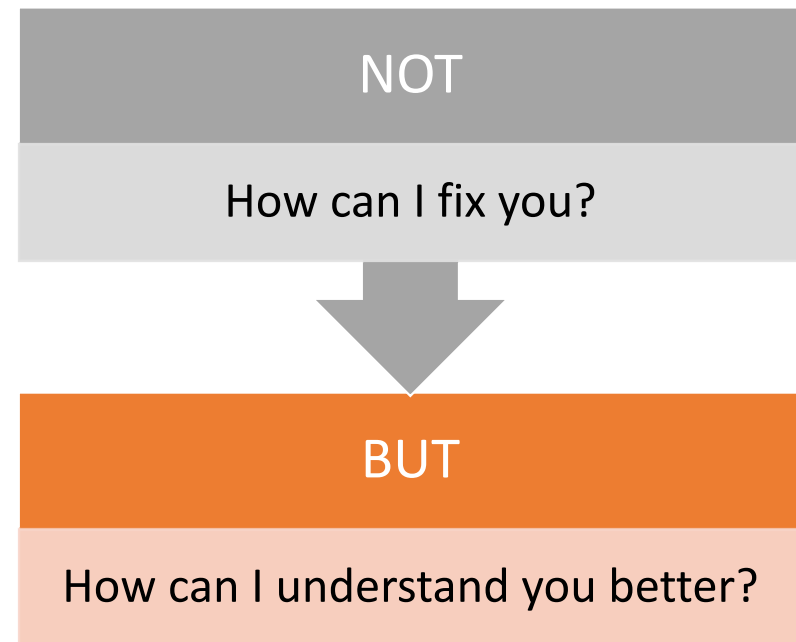
Common Factor 2: Empathy

"Listening is therapeutic. When something is speakable, it becomes tolerable..."

"The key message is, 'You aren't alone, it's not your fault, and I will help.'"

- RJ Gillespie, MD, MPHE

RJ Gillespie MD MPHE, Quote used with permission



Garner & Saul (2018), *Thinking Developmentally*

Slide 13

- JJ0** Attunement also to the child and meaning of the child's behavior-->helps parent to see a new way to view behavior
Joan Jeung, 2024-07-24T18:59:05.486
- JJ1** @Sally: Can you please add some more examples, insights to this slide here? (add slides)
Joan Jeung, 2024-07-24T19:03:12.155
- JJ2** @Sally: For mental health you need to hear below the surface; getting beyond "fine"
Joan Jeung, 2024-07-24T19:13:39.830
- SC3** empathy versus sympathy video by brene brown.
<https://www.bing.com/videos/riverview/relatedvideo?&q=empathy+versus+sympathy+brene+brown&qv=em>
Sarah Cantrell, 2024-08-02T22:18:59.935

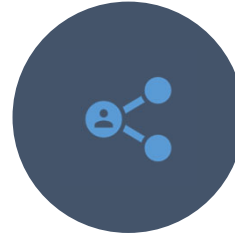
Empathy vs Sympathy (Breneee Brown)



Common Factor 3: Language & Loyalty



Use the same language as the patient/caregiver (not clinical language) – and interpreters



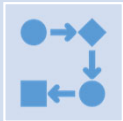
Express loyalty: Share your commitment and support: “I’ll be here for you”

Common Factor 4: Permission & Partnership & Plan (& Patience)



Ask permission before tackling issues and problem-solving

“If It’s ok with you, I’d like to ask you about...”



Partnership

“We’ll work on this together”



Plan: Help families set goals:

A person who can set (and accomplish) goals is resilient – requires a degree of future focus and planning.

Slide 16

- JJ0** Asking permission first changes the dynamic of providing advice
Joan Jeung, 2024-07-24T19:00:32.429
- JJ0 0** Helps you to understand if they're ready- they may need to stay in their feelings a bit longer before moving on to problem solving
Joan Jeung, 2024-07-24T19:01:20.827
- JJ1** @Sally: add in more insight around asking permission as a way of assessing readiness for change/action - may need to spend a lot of time hearing/empathizing first
Joan Jeung, 2024-07-24T19:06:36.839
- JJ2** @Sally: Any additional thoughts on partnership and therapeutic alliance that might be applicable for primary care?
Joan Jeung, 2024-07-24T19:07:40.559
- JJ3** Pacing is important in planning - story of the pediatrician whose family unraveled.
Joan Jeung, 2024-07-24T19:12:11.162
- SC4** Mary Claire's list of open ended questions.
Sarah Cantrell, 2024-08-02T22:19:30.436

Holding A Therapeutic Mindset

Building therapeutic relationships through
attuned communication

Based on Foy, JM, Green CM, Earls, MF, et al. Mental Health Competencies for Pediatric Practice. *Pediatrics*. 2019; 144(5):320192757;
Addressing Mental Health Concerns in Primary Care: A Clinician's Toolkit. American Academy of Pediatrics, 2021

Poll

» How comfortable do you feel dealing with children and families who are sharing emotionally intense concerns and/or challenging behaviors during an office visit?



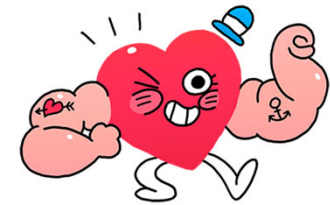
1. Don't ask me to do it



2. Not sure?



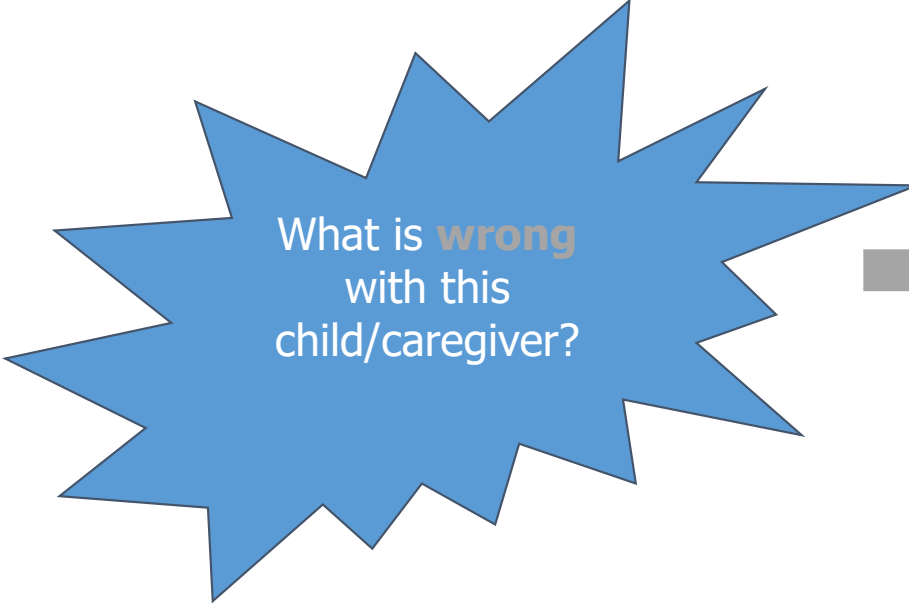
3. Trying but frustrated



4. Doing it and loving it!

A Trauma-Informed Perspective invites us to:

Shift our way of understanding from:



What is **wrong** with this child/caregiver?



What has **happened** to this child/caregiver?

Evidence Supporting Attuned Communication

- Positive perceptions of physicians' performance are related to careful listening ([Clark et al., 2008](#)).
- Mothers exposed to high levels of empathy have higher satisfaction and greater reduction in concerns; no significant differences found for exposition to reassurance / normalizing ([Wasserman et al., 1984](#))

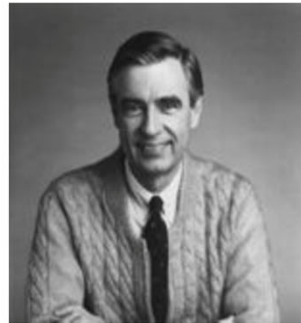
FROM THE AMERICAN ACADEMY OF PEDIATRICS | POLICY STATEMENT | AUGUST 01 2021

Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health

Andrew Garner, MD, PhD, FAAP;

Michael Yogman, MD, FAAP COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH,
SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS, COUNCIL ON EARLY CHILDHOOD

Emotional distress: Speaking the unspeakable



“Anything that’s human is mentionable, and anything that is mentionable can be more manageable. When we can talk about our feelings, they become less overwhelming, less upsetting, and less scary. The people we trust with that important talk can help us know that we are not alone.”

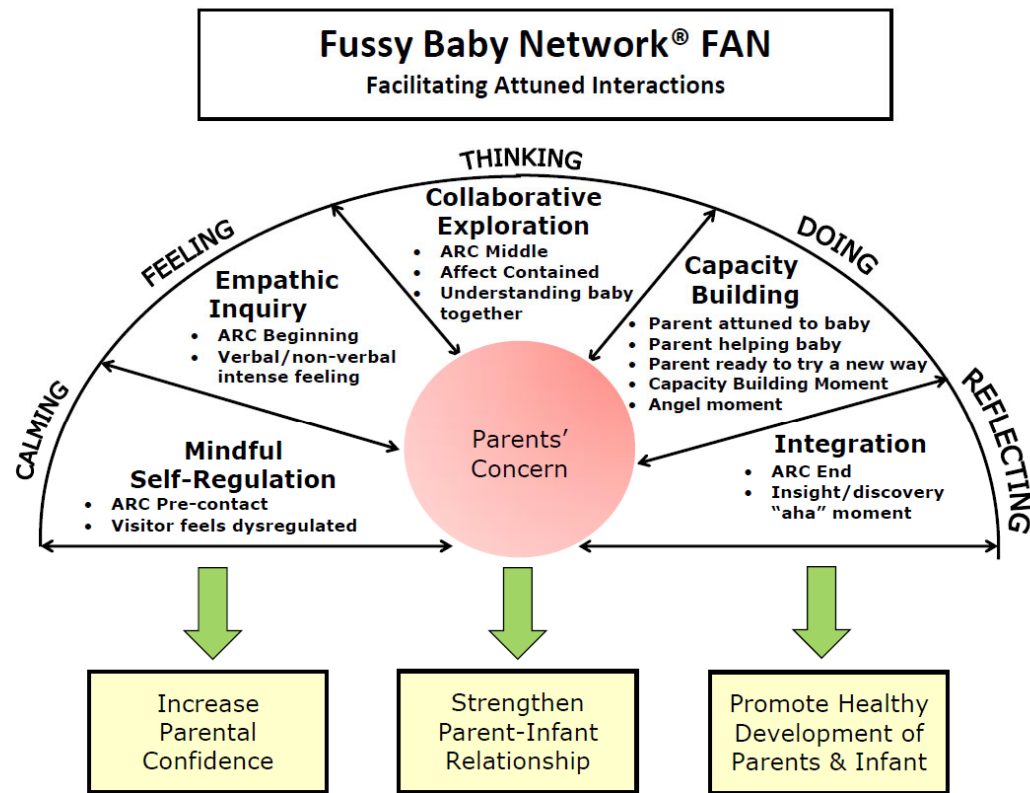
– Fred Rogers

Facilitating Attuned iNteractions (FAN)

- » A tool developed for helping to intervene with fussy babies
- » This tool can also be adapted to help healthcare providers provide attuned care for their patients and families



FAN in Practice



©Gilkerson, 2010, rev 2015
Erickson Institute Fussy Baby Network

FAN/Erickson Institute

ARC of Engagement

End of history taking period (before physical)

I just want to check in with you.
Are we getting to what is most on
your mind today?

During history taking period

What has it been like for you

to take care of your
child with this ____ (concern)?

Before entering room

How am I?

Who are we to each other? What am I
expecting? What do I need to do to
be fully present?

At the end

What was most important for you from
our time today?

After the contact

How am I now?

What was it like to be in relationship
with me? What do I need to do to be
present for what comes next?



Parallel Process

- » Treat the parent as you want the parent to treat their child
 - Do unto others as you would have others do unto others (Pawl and St. John, 1998).
- » Model the behavior you want to see

Remember...

- » Notice and amplify what is going well
- » Provide psychoeducation in small doses
- » Offer developmental guidance by wondering and being curious
- » Partner with parents: do “with” not do “to” or do “for”
- » When needed, co-regulate: Tolerate and contain negative feelings with calm
- » Hold hope
- » Bring a non-judgmental, empathetic stance
- » See the child the parent sees
- » Therapy as a path, not necessarily an answer, **a mindset more than a technique**

Common Elements of Evidence-Based Practices

Brief Evidence-Based Interventions
For Pediatric Primary Care

Based on Foy, JM, Green CM, Earls, MF, et al. Mental Health Competencies for Pediatric Practice. *Pediatrics*. 2019; 144(5):320192757;
Addressing Mental Health Concerns in Primary Care: A Clinician's Toolkit. American Academy of Pediatrics, 2021

What Are Common Elements?



Components of evidence-based psychosocial therapies that apply to a group of related conditions, e.g., anxiety, oppositional behavior/ADHD, low mood.



Certain complementary/integrative medicine approaches



Can be used as brief interventions in primary care

Examples of Therapeutic Common Elements



Anxiety

- Graded exposure
- Reward brave behavior
- Breathing techniques
- Relaxation strategies (progressive muscle relaxation)
- Guided imagery



Behavior Concerns

- Positive time with parents
- Praise & rewards for positive behavior
- Consistent, calm consequences for negative behavior
- Emotional communication skills



Low Mood

- Behavioral activation (“prescribe pleasure”)
- Expressive writing
- Distraction
- Problem-solving skills
- Rehearsal of behavior and social skills

Mindfulness & Self-Regulation

Methods:

- Deep breathing
- Progressive muscle relaxation
- Guided imagery

Good for:

- Anxiety, stress, pain, inattention, behavior, sleep...



Books, Bubbles, and Breathing Buddies



Books



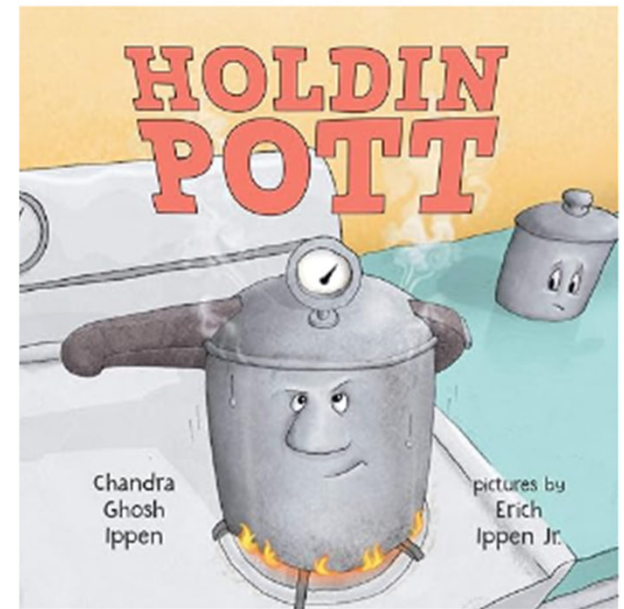
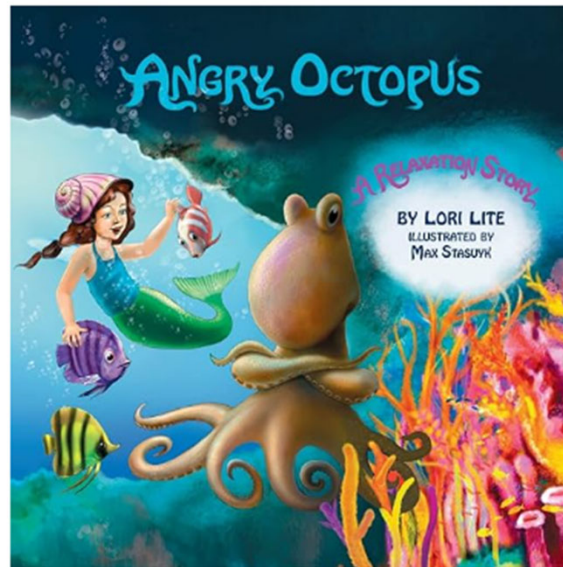
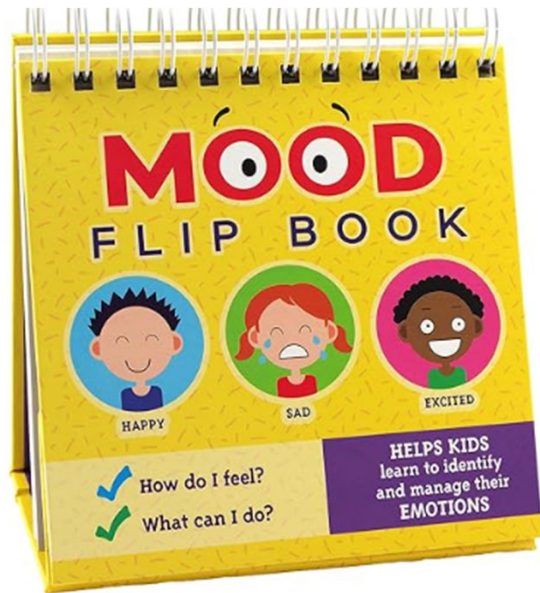
Bubbles



Breathing Buddies

Children's Books

To help children name and understand their feelings and learn tools to calm their minds and bodies



Special Time/Time In

A Strength-Based Approach to Behavior Management

- Scheduled and sacred (non-contingent)
- Undivided parental attention, no interruptions
- 10-15 minutes/day
- Child chooses and leads activity

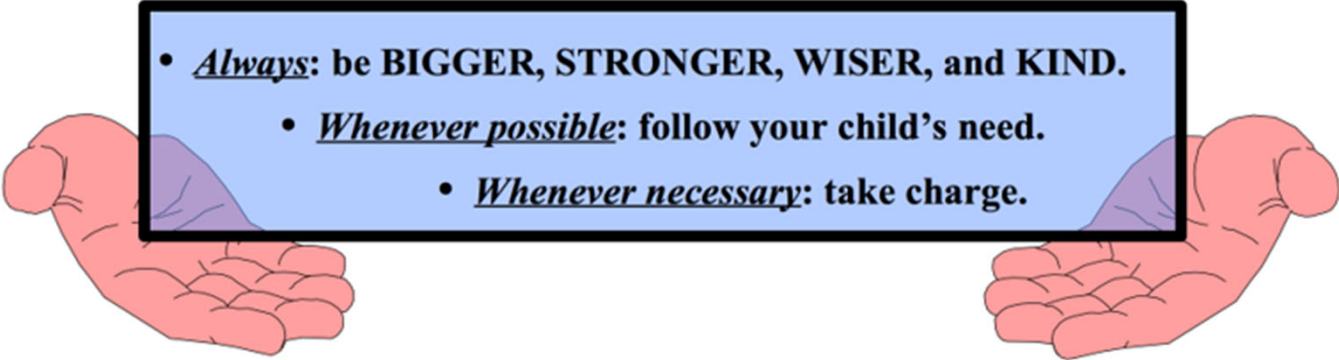


Money in the bank

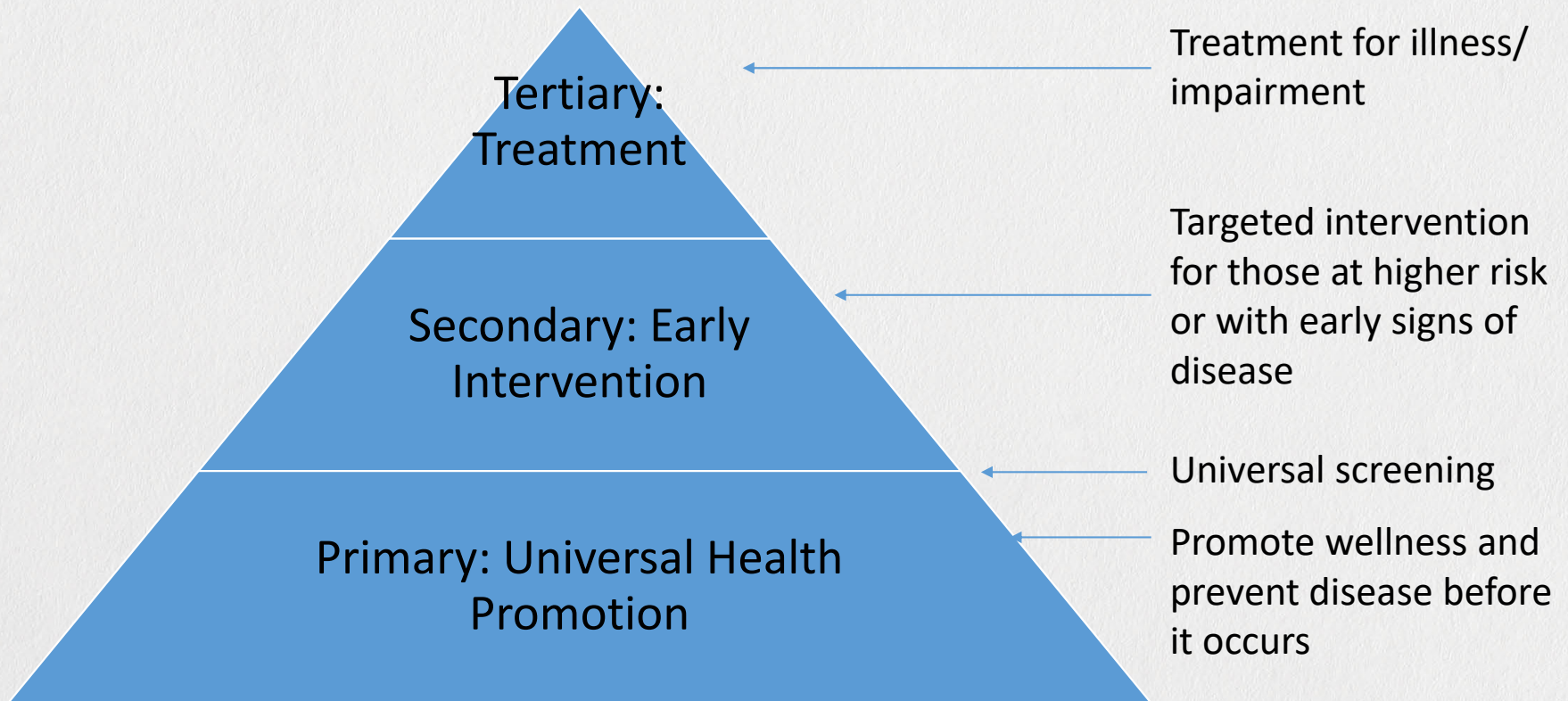


Re-establishes
motivation for
positive behavior

(Almost)
Everything I Need to Know
About Being a Parent
in
25 Words or less

- 
- A blue rectangular box with a black border is held by two pink hands with purple palms. The box contains three bullet points.
- **Always**: be **BIGGER, STRONGER, WISER, and KIND.**
 - **Whenever possible**: follow your child's need.
 - **Whenever necessary**: take charge.

Understanding the Context: The Primary Care Provider's Role in Mental Health Care



So what's our job as pediatric primary care providers?

- » **We're not therapists, but we can be therapeutic** by providing HELP (common factors), maintaining an attuned and trauma-informed mindset, and providing brief interventions that help address common behavioral and emotional concerns
- » **We're not psychiatrists, but can learn to diagnose and treat** common pediatric behavioral health conditions to lessen suffering, decrease wait times, and keep problems from becoming worse
- » **We're pediatricians: We promote health.** And that includes healthy mental and emotional development. We can prevent problems before they arise and address early concerns before they become diagnosable problems.

The background features a blue-to-black gradient. On the right side, there are 3D-rendered letters and symbols, including 'C', 'S', and 'P', which appear to be floating or scattered. The central text 'Questions?' is white and stands out against the dark background.

Questions?