The "Common Factors" of Addressing Mental Health in Pediatrics

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Outline

- Why mental health in pediatrics?
- What is "integrated care"?
- What are "common factors"?
- Why are common factors important?
- What can you do about it?

Scope of the problem

- 20% of U.S. children and adolescents (15 million), have diagnosable psychiatric disorders
- 9-13% of U.S. children and adolescents, ages 9 to 17, have "serious emotional disturbance" and 5-9% have "extreme functional impairment"
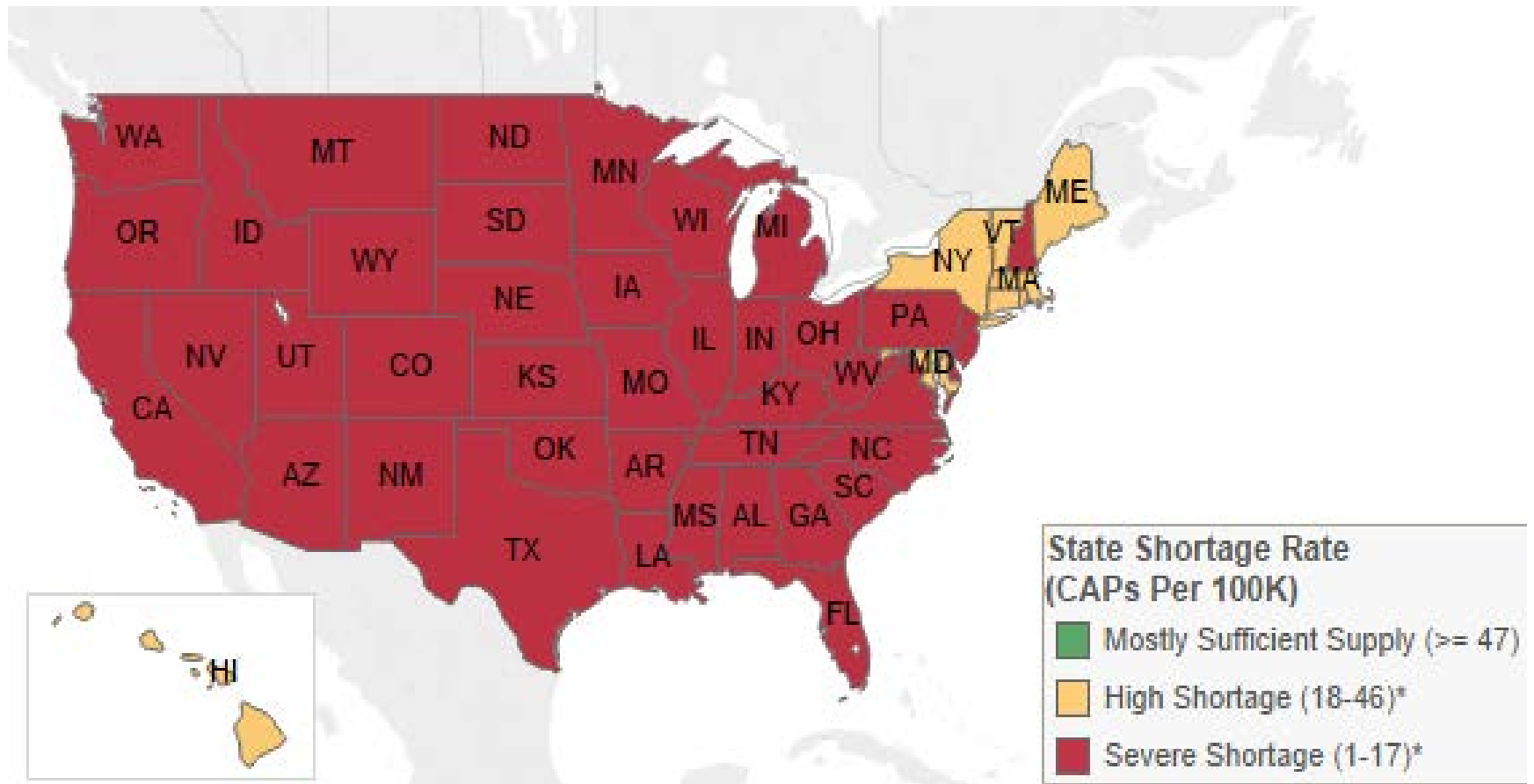 - only 20% of these receive any treatment

CDC 2013

Center for Mental Health Services, 2010

What constitutes mental health?

- Psychiatry
- Development
- Addiction
- Trauma
- Social determinants
- Mental health prevention
- Mental health promotion
- Early intervention and common disorders +/- severe disorders
- Inter-generational mental health

Workforce shortage of CAPs

State Shortage Rate (CAPs Per 100K)

- Mostly Sufficient Supply (>= 47)
- High Shortage (18-46)*
- Severe Shortage (1-17)*

Workforce shortage

- Only 8300 practicing child psychiatrists
  - 50,000 would be needed to meet demand by 2020
- Demand for mental health services will not be met by "identify and refer"

New solutions required–
and all involve primary care

1. Early identification and prevention
    –   Screen and intervene
2. Consultation programs
    –   DC MAP in D.C.
    –   BHIP in Maryland
3. Integrated care
    – Practice-based strategies
    – Population-based strategies

AAP, 2010
AACAP, 2012

Why primary care?

- Pediatric primary care providers are
    - Accessible
    - Trusted
    - Experts in development
    - Outstanding communicators
    - Committed to prevention

What is integrated care?

- Enhanced communication and coordination among providers so as to meet both mental and general health needs
- Occurs at the level of individual care
  - Optimize outcomes through collaborative care
- Occurs at the level of systems/organizations
  - Structures and processes to facilitate flow of information and delivery of care

Butler M. AHRQ Publication No. 09-E003, 2008
Singer SJ. Med Care Res Rev. 2011;68:112-27

Chronic care model (1996)

- Systematic case finding in primary care for important chronic conditions (asthma, DM)
- **Evidence-based interventions available in primary care/from primary care provider**
- Systematic ongoing monitoring
  - Including outreach to reduce "lost to follow-up"
- "Stepped" interventions as needed
  - **Includes care shared/coordinated with specialist and community resources**

Wagner EH. MMFQ 1996;74:511.

What are evidence-based interventions available in primary care?

- Mental health and developmental screening
- Identification and treatment of ADHD
  - Part of pediatric primary care practice < 20 yrs
- But what about other conditions?
  - Mild, emergent, intermittent conditions
- **Common Factors**

What are "Common Factors"?

- ***Aspects*** of treatments that influence
  - <u>Patient-provider relationship</u>
    - Affective bond between patient and provider
    - Agreement on problem and direction of treatment
  - <u>Changes in patient behaviors</u>
    - Optimism about outcome
    - Engagement in treatment
    - Maintaining focus on achievable goals

- Independently predict outcome in child as well as adult mental health treatment studies

Shirk & Karver. J Couns Clin Psych 2003;71:452.
Laska KM. Psychotherapy 2014;51:467.
Frank J. Persuasion and Healing, 3rd ed. 1993.

Why "Common"?

- Common across mental health problems
  - Equally important for depression, anxiety, disruptive behavior, etc.
- Common across settings and practitioners
  - Specialty mental health settings/providers
  - Primary care
- Common across children, adolescents, adults

What are the "Factors"?

- Alliance
- Empathy
- Shared goals
- Positive regard, affirmation, optimism
- Genuineness
- Skilled, experienced clinician

Common factors versus specific treatments – meta-analyses

Table 1

Effect Sizes for Common Factors and Specific Ingredients

Factor	Number of studies	Number of patients	Effect size Cohen's d	% of variability in outcomes
Common factors				
Alliance[a]	190	2,630	.57	7.5
Empathy[a]	59	3,599	.63	9.0
Goal consensus/collaboration[a]	15	1,302	.72	11.5
Positive regard/affirmation[a]	18	1,067	.56	7.3
Congruence/genuineness[a]	16	863	.49	5.7
Therapists[b]	46	14,519	.46	5.0
Specific ingredients				
Differences between treatments[c]	295	>5,900	<.20	<1.0
Specific ingredients (dismantling)[d]	30	871	.01	0.0
Adherence to protocol[e]	28	1,334	.04	<0.1
Rated competence in delivering particular treatment[e]	18	633	.14	0.5

[a] Norcross and Lambert (2011). [b] Baldwin and Imel, 2013. [c] Wampold et al. (1997); confirmed by various other meta-analyses for specific disorders. [d] Bell et al., 2013 (targeted variables); see also Ahn and Wampold (2001). [e] Webb, DeRubeis, and Barber (2010).

Laska KM. 2014;51:467.

Primary care environment versus evidence-based mental health care

- Primary care
  - High volume/short visits
  - Continuity ≠ treatments needing serial visits (ie, multi-session therapy)
  - Long-term relationships with multiple episodes
- Evidence-based mental health care
  - Longer visits
  - Extended series of visits
  - Discharge after episode of care

What do Common Factors look like in practice?

1. **Set the agenda**

    –   engaging both child and parent

2. **Formulate the problem**

    –   Establish agreement

    –   Begin steps forward

3. **Respond to anger and demoralization**

    –   Promote optimism

    –   Foster affect regulation

4. **Give advice**

    –   Specific and appropriate to the problem

    –   One step at a time

5. **Time management**

    –   Prepare for rambling, interruptions

Wissow LS. Pediatrics 2008;121:266-75.

Set the agenda

- "What are your biggest concerns?"
  - Eliciting perspectives from parent and child
  - Expressing interest and concern

Formulate the problem

- "What I hear you both saying is…"
- "Tell me if I have this right…"
- "Can we all agree that…"
- "I'd like for us to being working on…"

Respond to anger and demoralization

- Empathic statements
  - "This has been really difficult"
  - "You haven't gotten much help with this yet"
  - "Must be really frustrating"
- Emphasize hope & foster emotional regulation
  - "You've handled difficult things before. Remember when…"
  - "I recognize this problem and have some ideas about how to handle it"

Give advice

- Specific to:
  - <u>School issues</u>: "We're going to work on a better system for getting homework done"
  - <u>Anxiety</u>: "We're going to work on helping to you be brave even when you feel scared"
  - <u>Depression</u>: "We're going to work on scheduling positive activities to remind you how to feel good"
  - <u>Defiance</u>: "We're going to work on building in positive time together to make your interactions less negative"

Time management

- "What you're saying is really important"
- "I want to be sure that we have time to talk about what we are going to do about this issue"
- "I see that we have five minutes left– is this a good time for me to share some ideas with you?"

Common Factors can affect the culture of your clinic/practice

- Communicate shared values
  - "We support people facing mental health challenges"
- Create associated structures/processes
  - "We have routines designed to link families to community services"
- Measureable and malleable

Glisson C. Adm Policy Ment Health. 2008;35:98–113.
Glisson C. Annu Rev Public Health 2015. 36:507–23.

Common Factors research in clinics

- "Availability, responsiveness, and continuity"
- Use of teamwork to identify and address service barriers
- Promotion of provider flexibility, openness to change, commitment (aka common factors)
- Training involves whole clinic staff

Glisson C. JAACAP.2013:52:493-500.

Speed of youth recovery among ARC versus control sites

FIGURE 2 Trends in Shortform Assessment for Children (SAC) total problem behavior for youth in Availability, Responsiveness and Continuity (ARC) and control conditions.

Glisson C. JAACAP.2013:52:493-500.
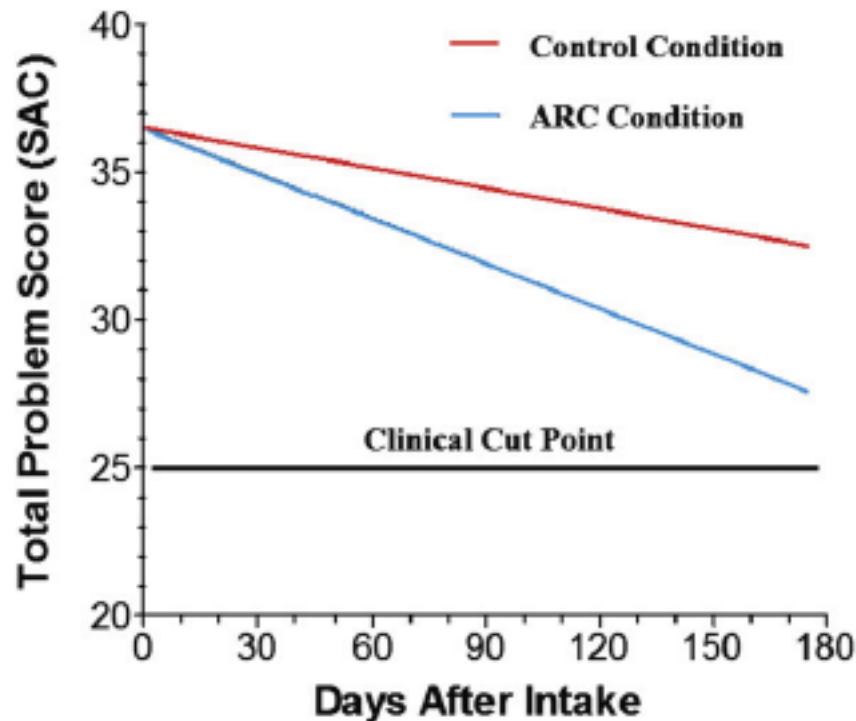
6-month change in child measures as a function of common factors training

Decrease in SDQ symptom score

Decrease in SDQ impact score
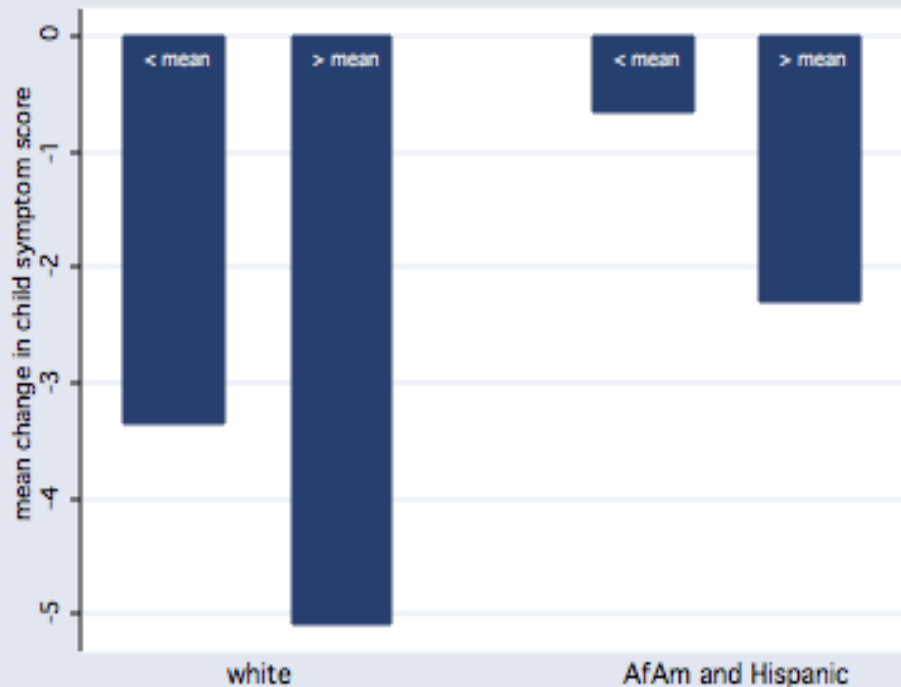
p<.0001 adjusted for baseline symptoms

p=.015 adjusted for baseline function

Wissow LS. Patient Educ Counsel 2011;82:226-32.

Primary care practice culture predicts patient trust and adherence

Staff report better collaboration, autonomy, sharing tasks	→	Patients' trust in their provider	→	Patients' attribution of provider influence on behavior

Becker ER. Medical Care 2008;46:795-805.
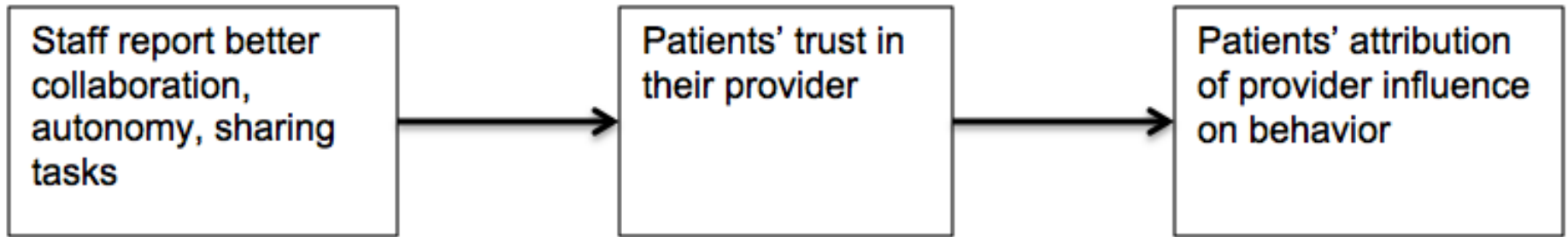
Ohio AAP learning collaborative

- In-office training based on common factors skills

- Transformation activities supported by QI specialists, telephone meetings, on-line and telephone resources

Reports from BMW participants

"...I think as we had that mental health conversation people started realizing that some of the behaviors that they were seeing and that they were frustrated about were really mental health problems...

... there is a lot less labeling and communication of that labeling. It is more of an appropriate 'I am very concerned about this.' (ID014)

King M. JHSPH PhD thesis, 2016

Reports from BMW participants

"…staff members [are] talking to each other, now we rely on each other, like: 'Hey you know, it seems like Susie's a little bit more than sick. Something might be going on at home, maybe you want to talk to them about it.' " (ID223)

Reports from BMW participants

"...now I'm more compassionate for them [families] because I know they just need some extra patience and they just need that extra, you know, just to be calm with them and take a step back so now I'm just more, even more interested in their mental health." (ID077)

King M. JHSPH PhD thesis, 2016

Integration tasks and intervention types

Integration task	Process interventions	Relationship interventions
Highly biomedical (eg: immunizations) - low patient control over outcome - very standardized treatment - few providers involved	More likely to be effective; standard QI approaches effective.	Less likely to be effective than process-based. Consider only for additive effects.
Highly behavioral (eg: mental health) - high patient control over outcomes - highly individualized treatment - multiple inter-reliant providers, many handoffs	Less likely to be sufficient. Can even be off-putting when not properly framed.	More likely to be required for successful change. Consider huddles, facilitation, collaboratives.

Adapted from Leykum Tables 5 and 6: Implementation Science 2014, 9:165

VA mental health integration study

- Personal, trusting PCP-specialist relationships essential to success of integrated care efforts
- Leadership could foster relationships by
  - Creating opportunities for informal interactions and crossing existing boundaries
  - Promoting education that creates shared expertise and common vocabulary
  - Facilitating work of clinicians willing to try novel collaborations
- Leadership could create barriers to relationships by:
  - Over-reliance on EMR/scripted referrals
  - Rigid definitions of eligibility or acuteness

Benzer JK. Depress Res Treat. 2012; 2012: 597157.

So what can you do?
Assess

- Assess organizational climate
  - Various structured instruments
  - Do a walkthrough from a patient perspective
  - Develop meaningful client/family involvement in systems planning
  - Listen to your own thoughts – would you refer a friend or family member to the place you work?

So what can you do?
Train

- Training in "Common Factors"
  - Several short trainings available
  - Include the entire care team – front desk to administration
- Promote specialist-primary care interaction
  - Use phone access lines
  - Participate in learning collaboratives
  - Look for opportunities to build collaborative care

So what can you do?
Measure

- Measure the clinical relationships
  - Many short and longer measures of alliance, satisfaction with communication, trust
  - Consider session-by-session tools
- Measure the integration
  - "Closed loop" referrals
  - Co-management

Child "Session Rating Scale"

Listening

did not always listen to me.   listened to me.

How Important

What we did and talked about was not really that important to me.   What we did and talked about were important to me

What We Did

I did not like what we did today.   I liked what we did today.

Overall

I wish we could do something different   I hope we do the same kind of things next time.

THANK YOU!