Enhancing Family Motivation to Access and Sustain Treatment:

Strategies for pediatricians in work with resistant patient families

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Objectives

After this presentation, participants will be able to:

1) Use Open-Ended Questions, Affirmations, Reflections, and Summary responses to enhance treatment adherence;

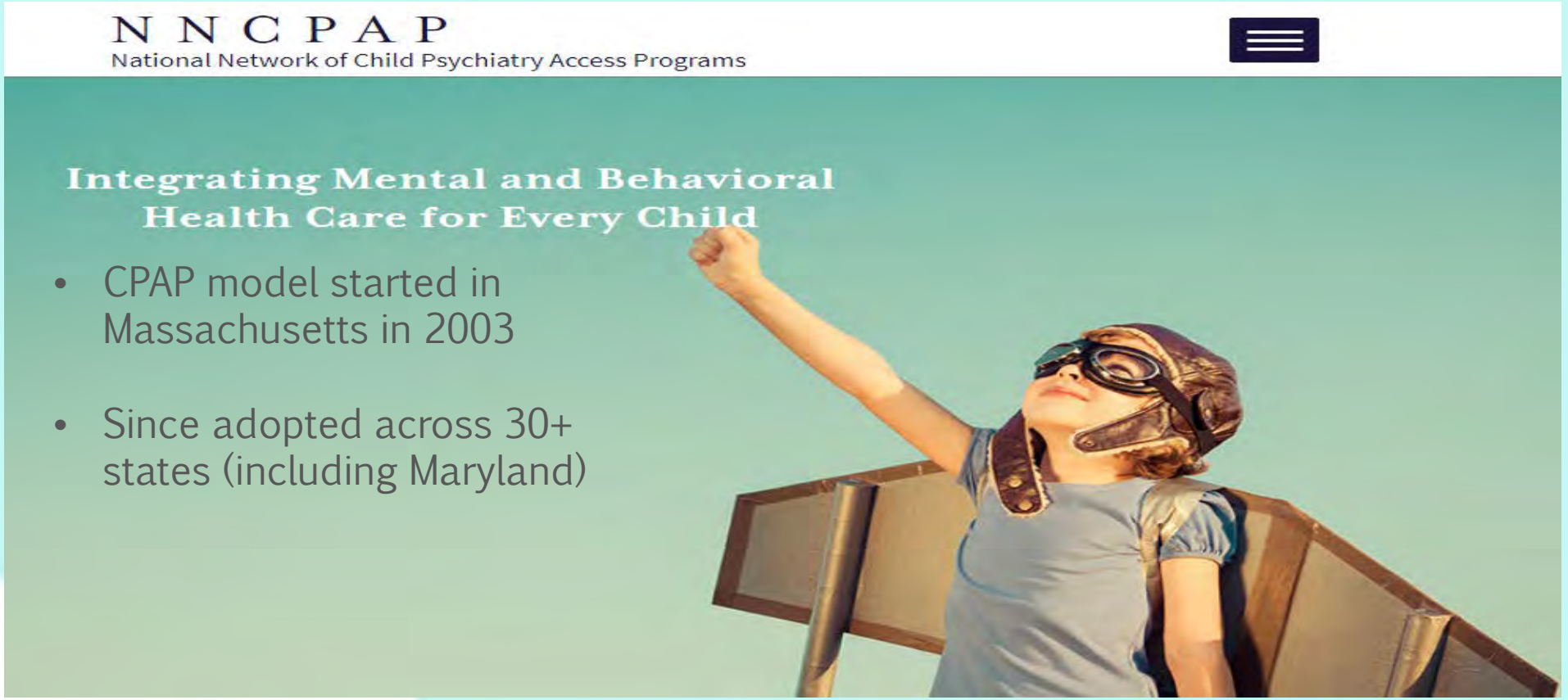
2) Categorize patient/family willingness into 5 stages of receptivity to interventions;

3) Match clinician comments to patient receptivity to treatment

Background

- 25-33% of primary care visits for children include significant mental health concerns
- 20% children meet criteria for a mental health disorder: anxiety (13%), ADHD (7%), depression (3%)
- In DC, many youth contend with adverse childhood experiences, increasing their risk for mental illness
- DC Health Matters: 26% of teens report feeling sad or hopeless, and 13% of teens making a suicide attempt

Mental Health Access Programs



Primary Care Integration in DC

DC MAP

mental health access in pediatrics

Goals of DC MAP

1) Increase collaboration between PCPs and MH providers
2) Promote MH within primary care
3) Improve identification, evaluation, and treatment
4) Promote the rational utilization of scarce specialty mental health resources for the most complex and high-risk children

DC MAP
Mental Health Access in Pediatrics

PROVIDERS CALL:
1-844-30 DC MAP
1-844-303-2627 • Hours: M-F, 9-5pm

Children's National
MedStar Georgetown University Hospital
DC.gov

CONTACTING DC MAP

- **Free**!!
- Contact about **any** issue pertaining to mental health
  - M-F, 9am – 5pm; call back within 30 minutes
- **Call** 1-844-30-DCMAP (1-844-303-2627) or complete **consultation request form** (www.dcmap.org)
- Provide basic information about your question/patient and we will connect you with the appropriate team member
- **Enrollment is free and strongly encouraged though not required.** Available online for practices and providers.

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WWW.DCMAP.ORG (Website)

CONTACT

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1-844-303-2627

Office Hours:
Monday – Friday, 9am - 5pm
(Not available on weekends or federal holidays)

NOTE: Pediatric provider line; not intended for use by parents

SERVICES

- Phone Consultation
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TO ENROLL

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DC MAP is generously funded by the District of Columbia Department of Behavioral Health Contract RM-14-RFP-270-BY4-DJW

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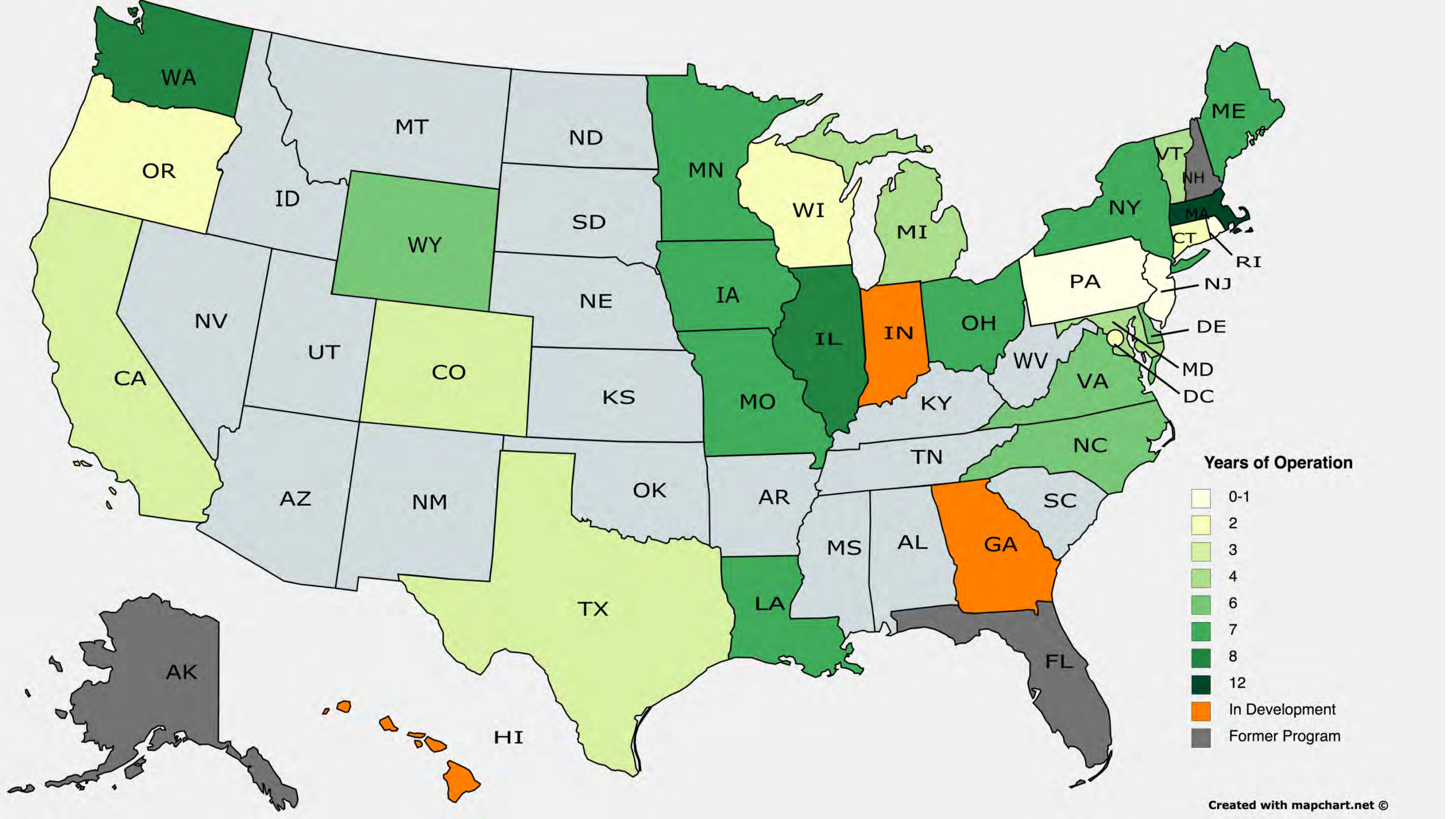
DC MAP is NOT…

- A crisis line (if need to see today, then ER)
- The same as the Access Helpline
- For parents (please don't have them call us; or their school, etc)
- **Taking Over the Case** (if medications appropriate, then DC MAP can recommend, not prescribe in place of you)

Behavioral Health Integration in Pediatric Primary Care: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Unmet needs for mental health(MH) treatment in the Metro DC area

- About 20% of children and adolescents in our area have need of MH intervention,
- Only about 20% of those children actually receive MH services,
- Some of this discrepancy is because of limited service availability;
- Many referred families are hesitant to pursue MH services (stigma, cultural attitudes, competing family needs).

Getting Patients to Follow Through

Transtheoretical Model
Stages of change

- Empathic support of patient's ability to change
- Discuss discrepancy between current behavior and future goals
- Instead of potential confrontation and argument, help identify patient/family actual motivation to change (vs. complain)

Stages of change

- **Precontemplation**-not really considering change
- **Contemplation**-evaluates reasons for and against change
- **Preparation**-formulates plans for change
- **Action**-makes identified changes
- **Maintenance**-sustains long-term change

Interaction techniques (OARS)

- **Open ended questions:** *" Tell me what's been happening."*
- **Affirmations**: Recognition of patient's strengths or success; *"You've really been consistent getting the kids in bed by 8:30pm."*
- **Reflective listening**: particularly reflect "change" talk; *"It sounds really frustrating."*
- **Summaries**: *"So it sounds like you've tried several things but none are working as hoped."*

Conducting Motivational Interviewing(REDS)

- Roll with resistance; a cue for us to change direction; we're jumping ahead of readiness stage for change
- Express Empathy; listen actively; family-centered; non-judgmental
- Develop Discrepancy; elicit the pros and cons of changing a behavior; identify the patient/family's discrepancy between current behavior and future goals
- Support Self-efficacy; the patient/family taking action toward change; enhance their confidence

Applications of MI in Pediatrics

- Dietary adherence(e.g. cholesterol reduction)
- Passive smoke exposure
- Alcohol/drug use (by Family or Patient)
- Mental health follow-up
- other noncompliance with recommendations issues

Case example:

- 5 year old boy of single mother, with 3yo brother and infant sister
- Father of boys has infrequent visits with them, provides some supplies for the boys
- At WCC for 5 year old, mother complains, as she did last year, that 5yo child is aggressive with siblings and does not listen to her. Spanking is not working. She thinks he may be like his father. No problems are reported at school. You gave her recommendations last year for parent counseling.

OARS conversation

- O: When are some of the times you are having problems? What all have you tried?
- A: It sounds like you are working hard to provide for your children. Are you getting any help?
- R: I know it is hard to find the time and get childcare to go meet with a counselor. Were there other reasons you had trouble getting that help?
- S: It sounds like you might like some suggestions for getting better behavior from the kids at home. I think we talked about some of these problems once before. Were you able to contact any of the counselors I suggested?
- Some counselors can meet you at your home. Would that be helpful for you? So you think that might work better for you. I can give you the names of some home-based counselors. I know you are good at getting help you need.

Which Stage of change is Mother In?

- Precontemplation-not really considering change
- Contemplation-evaluates reasons for and against change
- Preparation-formulates plans for change
- Action-makes identified changes
- Maintenance-sustains long-term change

Stages of change

- *Precontemplation*-not really considering change, **so our effort is to identify how a behavior works and doesn't in a general life way**
- *Contemplation*-evaluates reasons for and against change, **so our effort is to identify lots of reasons for and against change**
- *Preparation*-formulates plans for change, **so our effort is to help with them devising realistic, feasible plan**
- *Action*-makes identified changes, **so our effort is to help identify how that plan is working, fine-tune the plan, and anticipate and address obstacles**

Stages of change

- *Maintenance*-sustains long-term change, **so our effort is to examine impacts of the change on their lives, both good and bad, and replace "benefits" perceived by the dysfunctional behavior**
  - Partner is now irritable and harder to be around since stopped drinking,
  - Drinking helped me escape so it worked
  - Smoking pot with peers was a good social time with others, and I had all those friends, and now I don't have many friends or something to do with them

Case example:

- Bio parents, 14yo son and 7yo brother, 20yo brother (lives close by),
- At WCC, Mother reports 14yo son has been smoking marijuana multiple times per week; while he does not see it as problem ("everybody smokes, it makes me more chill at school"), his grades have decreased, and he has had one suspension (with 2 other peers) for getting caught while smoking on school property; at home he spends less time with family and more time in his room "chilling"

OARS conversation: Mom

- O: What have you said to him? What are you wishing for?
- A: You're staying on top of how this is going; you're not ignoring something that seems like it could be getting worse.
- R: It's worrisome, and we're not sure this is going in a good direction.
- S: He's getting into more trouble, but he doesn't seem to recognize that his use may be contributing to problems with grades or getting into trouble at school.
- Do you have ideas for next steps? What can we do here to help (referrals, meet with him, etc.)?

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Options for conversation: 14yo

- Your parents are really worried about your pot use, so I have someone for you to see.
- Lots of kids become crazy after smoking pot because it's so much more powerful than in our day.
- Do you see how pot is messing up your life, as well as your family? Is this the kind of influence you want to be on your little brother?
- As a doctor, I need to tell you that you're increasing your risk to get cancer, that you may be doing damage to your brain, and you may grow "man-boobs." You good with all that?
- If you continue to use, you'll have to go to a treatment center.

Options for conversation: 14yo

Open-Ended Questions:

- How is school/life going?
- Your parents expressed concerns about your grades going down and you getting into trouble—what do you think is going on?
- Your parents are concerned about your substance use—how do you see it? How has it helped? Have there been any downsides?
- How do you see it going?

OARS conversation: 14yo

- A: You feel like you have it under control and your use is helping you be more comfortable and make friends at a new high school.
- R: You're trying to manage school pressures, making new friends, and finding your place in this school.
- S: So it's helped you feel more chill at school, and to be more at ease with some new peers. At the same time, grades have dipped, and you've had a suspension. What do you think you should do at this point?
- Are you happy with how things at school are going? With your role there this year? How do you feel about things with your family?

Which Stage of change is 14yo In?

- Precontemplation-not really considering change
- Contemplation-evaluates reasons for and against change
- Preparation-formulates plans for change
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- Maintenance-sustains long-term change

Case example:

- Mother and Stepfather, with 12yo boy, 8yo girl, 3yo boy
- Mother reports that SF drinks alcohol "about twice a week" and then can be loud, "mean" to children, who now fear and avoid him
- Mother has asked him to drink after children go to bed, has tried to drink with him, has moved alcohol to cooler outside, but still occurs.

OARS conversation

- O: When does he usually drink? How do things progress?
- A: You are really looking out for your children and taking all kinds of measures to alter this.
- R: It's really painful when your partner doesn't share your view or seem to want to help.
- S: You've tried at least 3 different approaches to improve this, yet it seems he's not responded very well to any of them.
- What do you want to do from here? Do you want other ideas? Do you want to bring him in and we can all talk about family activities at night? What would be helpful at this point?

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