

Hi buddy, what's been bothering you? ... I hear you Teddy, life's been stressful. Can I share some ideas to help?



Therapy 101 for Pediatricians

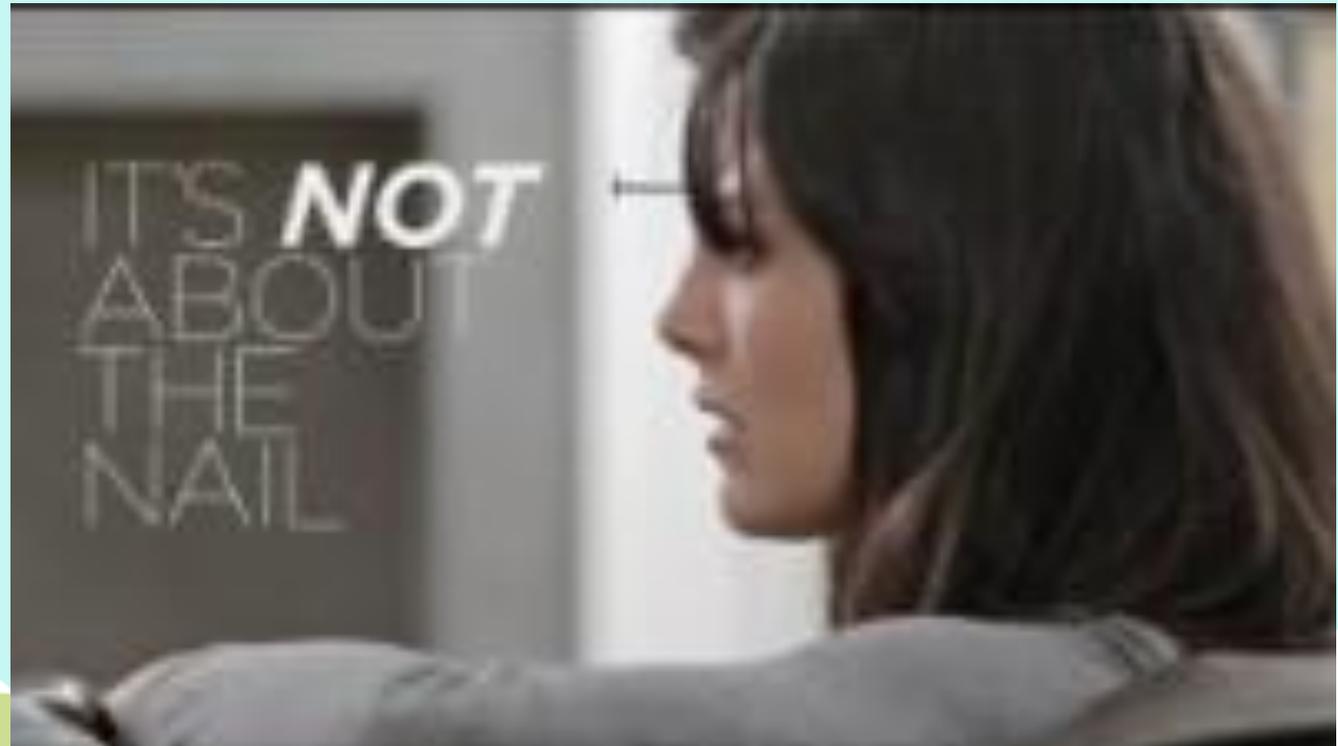
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Why PCPs Spending 5 extra minutes = Life + \$\$ Saving

- Suicide rates = second leading cause of death in 10 to 24 year olds
- Comorbid mental health conditions complicate physical conditions, decrease quality of life and increasing cost of care.
- 75% of children who need mental health services do not receive them because of
 - Stigma
 - Shortages of mental health specialists
 - barriers in health
 - insurance plans
 - Cost
 - Administrative and other barriers
- PCPs are the sole physician managers of care for 1/3 of children with mental health disorder

HELP: Hope, Empathy, Loyalty, and Permission/Partnership/Plan

- H = Hope
 - Describe realistic expectations for improvement and reinforce family's strengths to increase hope, coping, and openness to concrete, achievable next steps
- E = Empathy
 - Communicate empathy by listening attentively (eye contact, body language), acknowledging struggles and distress, and sharing what's normal/typical and happiness experienced by the child and family.



HELP: Hope, Empathy, Loyalty, and Permission/Partnership/Plan

- L = Loyalty
 - Express your support and commitment to help now and in the future.
- P3 = Permission, Partnership, Plan
 - Ask the family's permission for you to ask more in-depth questions or to make suggestions/referrals
 - Partner with the child, family, care coordinators, and IHTs to identify any barriers and problem solve
 - E.g., "I have a great colleague that I trust to help you with your concerns about your child listening to you. Is it okay if I bring them in to problem solve as a team?"
 - Establish a plan by connecting with resources, offering some **brief interventions**, and a plan for follow-up or check-in if things worked out

HELP with an OAR: Open-ended, Affirmations, Reflections



To help facilitate change/openness in patients (but not force it), be collaborative and support autonomy using:

- **Open Ended Questions**: Questions without yes/no answer.
- **Affirmations**: Recognize strengths and acknowledge steps toward positive change.
- **Reflections**: Show listening and understanding by repeating/rephrasing what the person said using their language (not clinical labels), reflecting their feeling, and checking if you understand correctly:
 - “I get that you feel ____ because ____.”
 - “So you’re really worried that your child is not listening to you and having problems with listening to teachers. Is that right?”

Plan: Brief Interventions

- 1) Connect with Resources: IHT, care coordinator, and others
 - IHT and care coordinator: “great colleague that I trust here”
 - Further evaluation or referrals: regional center, own school, occupational therapy, DEC, C3/HDS (get younger sibling in with HDS and parents get parenting classes)
 - Parental depression: SmartCare BHCS 858-956-5900 (add to your phones)
 - Address societal stressors: Financial, rental, tutoring, food, respite support -> care coordination or SmartCare BHCS 858-956-5900
- 2) Psychoeducation, especially regarding what to expect
- 3) Basic coping tips
- 4) Diagnosis specific tip

Brief Psychoeducation: Background on How Symptoms Will be Treated in Therapy

Cognitive-Behavioral Therapy (CBT) Triangle = Treatment Plan
Especially for anxiety, mood, trauma and eating

Event

School/family stress,
Traumatic experience

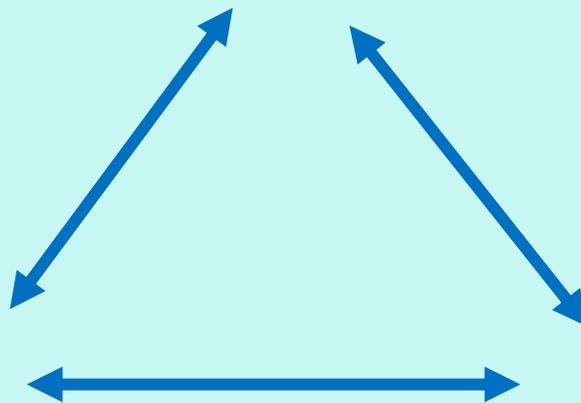


Do

Can't sleep
Avoid making friends
Avoid trying to do school work, talk to people, go to therapy, or eat

Think

I will fail math and not go to college
They won't like me
I'm a bad kid
It will hurt, won't help, or make things worse



Feel

Anxious, Mad, Trauma: Heartbeat fast, And body tension/pain- headache, abdominal pain, chest pain, limb pain,
Sad: Tired, bored, unmotivated
Eating issues: Hungry/Full

Tip: Use SCARED/PHQ9 Answers for Ideas

Brief Psychoed on what to Expect

PCP: *“I have a great colleague I trust that can help you. What do you think of them coming in to talk with you to help you feel better?”*

Pt: *“What will they do?”*

PCP: *“Well they would listen to you and your privately about how you’ve been doing and then talk with you on what can be done to help you **feel** better, have less stressful **thoughts**, and **do** things that make you happier. They will also respect your **privacy** and won’t share anything you tell them with your mom, me or anyone else if you don’t want them to as long as they’re not concerned about your safety.”*

Pt: *What if I don’t like them? Previous therapy hasn’t been helpful.*

PCP: *“You can give them a try and if you don’t like them, let me know and **we will find you someone else who might be a better fit for you. Sometimes it takes a couple sessions or trying 3 different people to find something that works but eventually most kids get better.**”*

Brief Psychoed for Pts who've had Trauma:

PCP: "What do you think are pros and cons of talking with my colleague?"

Pt: "I don't know. I don't think things will ever change."

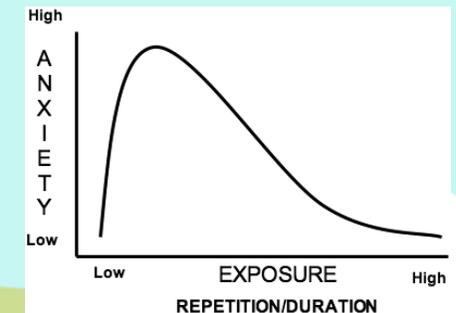
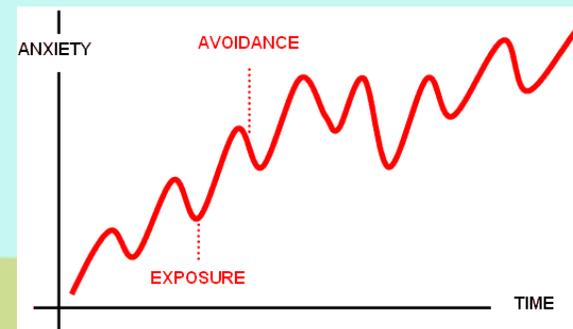
PCP: "Yea, it can be hard to talk to someone because sometimes we think things won't help or make things worse. In the short-term, avoiding that stress of talking to someone helps but in the long-term it can make things worse. For example, let's say you got a thorn in your finger. Would you have to leave it in or take it out to feel better?"

Pt: "Take it out."

PCP: "Right, and in taking it out, it might hurt at first especially if we use alcohol to clean the wound because the pain you're feeling is like a wound inside you. What would happen if we left the wound be dirty with a thorn in it?"

Pt: "Get infected."

PCP: "Yea, so if we don't do anything about it, it can get worse but if we get help in the long-term things get better."

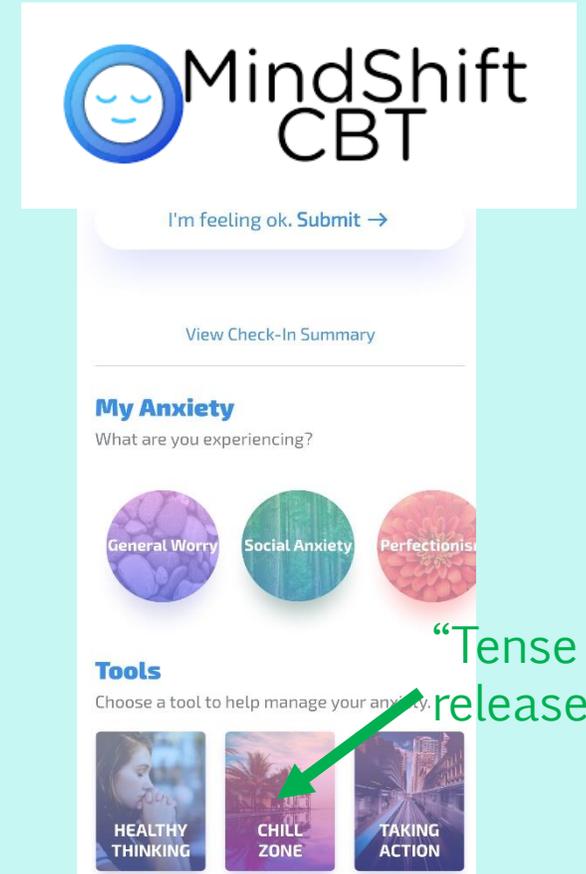


Stress: Short Term vs Long Term Solution

Brief Coping Skills

- 1) Breathe in flowers blow out candles x 3
- 2) Apps: MindShift
- 3) Share a handout

Example (comes in multiple languages):
[California Surgeon General's Playbook: Stress Relief for Caregivers and Kids during COVID-19](#)



Brief Diagnosis Specific Tips

- Generally
 - **Praise** for specific targeted behavior (just like adults get paid for their job)
 - **Rewards**/loss of privileges (time-out, time on phone/tablet, stickers, points system)
Visual or Written Example: 3 points = \$1, a fidget, screen time
- Anxiety and eating issues:
 - Slowly push to **face fears and reward/praise** for it
- Depression, irritability/defiance, restrictive eating, low energy, bored
 - Special **fun one-on-one parent-child time** like board game, go on a drive together, crafts, etc.
 - **Activities**: Exercise, fun family time, extracurricular activities or hobbies they feel they are good at
 - **Social** connections
 - Healthy habits and **routines** around sleep and eating regularly
 - **Give Crisis #1-888-724-7240 just in case (add to phone)**



Cultural Strengths and Barriers

- Strengths: Ask about and reinforce usage of
 - Family Values
 - Family routines and traditions – especially helpful for trauma
 - Extended family support to get other family members to help bring child to session or engage child in aforementioned tips.
 - helpful to get phone numbers and release of information to talk to those other family members
- Barriers
 - Difference in their own upbringing compared to current, recommended practices
 - Validate and acknowledge that 1) they've probably witnessed that each of their children are very different and require a different response; and 2) as a provider and parent you too are always learning

Cultural Strengths and Barriers

- Barriers:
 - Negative previous experiences due to language, race, gender identity, etc.
 - Reflect and Validate their experience
 - Express trust in your colleagues and encourage a trial. Note, that sometimes it can take trying 3 different therapists until you find what that is a good fit for you.
 - Remind we have Spanish speaking and multi-cultural therapists
 - Have materials in your office that show your support for people of all types or share <https://pflag.org/publications> (especially our children, faith in our families, trans loved ones)
 - Refer to gender affirming clinic
 - Tell youth, I go by she/her, he/him, them/he, etc and ask what they prefer to be called in private and in front of family



5 minute Example: HELP with an OAR and Brief Interventions

https://players.brightcove.net/6056665225001/default_default/index.html?videoId=6219201002001

What were examples of the following that you heard:

- 1) Open-ended questions
- 2) Empathy, reflecting and normalizing
- 3) Permission to give guidance or partners for resources
- 4) Modeling of general copings
- 5) Brief Diagnosis Specific Tips
- 6) Planning



**Thank you
for your time!**

Questions?

Email for more follow-up questions/comments: MMotamedi@rchsd.org

