

For technical reasons, this is a “non-working” copy of the materials for Session 1 of the Bassett/Hopkins training program. This slide set is used by a trainer to lead a semi-structured, participatory didactic session. In the functioning version, each slide with a photo serves to launch a brief (1-2 minute) video demonstrating the skills that have been discussed. For more information and a working version contact Larry Wissow at:

Lwissow@jhsph.edu or +1 410 614 1243

Bassett/Hopkins program in mental health communication skills for child and adolescent primary care Session 1



Funded by the National Institute of Mental Health
and the Duke Endowment

Goals of session 1

- Introduction to the “four goals” model of a short visit
- Cover first three skill areas
 - Involving everyone in the visit
 - Probing efficiently for the full list of concerns
 - Setting the agenda for the visit

Introduction

- 10-20% of children/youth have mental health problems
- Less than half get services
 - of those that do, most from primary care and from schools

Primary care is a great resource for mental health

- developmental perspective
- able to deliver episodic/pulsed care
- longitudinal relationships have capacity to build trust
- mental health contextualized rather than isolated

Program goals: Help experienced practitioners

1. efficiently uncover and clarify mental health needs
2. have therapeutic encounters with people who are demoralized or angry
3. give advice about mental health problems (including making referrals) that will be accepted and followed
4. feel confident that they have much to offer children and families with mental health problems

Four goals model for brief medical visit

- Familiar concept from primary care
 - Understand concerns
 - Rule out emergency
 - Initiate treatment based on working diagnosis
 - Make plan for further evaluation and treatment if needed

Four goals model adapted to mental health issues

- Patient/parents feel “true” concern is heard and understood
 - Includes identifying crises/emergencies
- Level of conflict and concern reduced
- Agreement on plan for immediate help
- Agreement on plan for further evaluation

How are four goals similar and different from “SOAP”?

- Interactive tools to get the S (subjective) and O (objective)
- Emphasis on “agreement” around A (assessment) and P (plan)
- But also: thinking of the visit process itself as therapeutic, not just the prescribed treatment

How the training program works

- Three cycles of:
 - Demonstration/discussion
 - Opportunity to practice skills with SP
 - Opportunity to review skills/SP session

Nine skill areas

- **Session 1**
 - Collaborative, efficient, and inclusive agenda-setting
- **Session 2**
 - Managing negative interactions
 - Avoiding resistance to diagnoses and advice
- **Session 3**
 - Managing anger directed at you

Visit tasks in first session

- Involving everyone present in the visit
- Probing efficiently for the full list of concerns
- Setting the agenda for the visit
- **Group task:**
 - Take 5 minutes to list common barriers to accomplishing these tasks
 - Think of recent case where barriers occurred
 - Choose task/skill area to cover today

1. Involving everyone in the visit

- Rationale
 - Children typically have little substantive participation
 - When children are involved they are more likely to be adherent to treatment and their parents are more likely to be satisfied with the visit
 - Difficulty with family dialogue and feelings of exclusion underlie or exacerbate many mental health problems
 - Important also for prevention of risk behaviors and management of chronic conditions

Your ideas for including everyone
from the start?

What if participants don't nicely "take
turns?"

Starting from the greeting

- Greet each person individually
- Use each person's name or ask for it
- Offer a handshake or some other appropriate body language
- Tone is friendly but mid-range

Show you expect to hear from both parties

- Active eliciting in first open-ended question
 - “I want to make sure I hear from you both”
 - “Who wants to go first?”
- Body language that includes all parties

Warm but moderate greeting



Click box to start film clip

0001/Example1

Skills when turn-taking interrupted

- Possible tactics
 - Shift in body language
 - Acknowledge and re-direct
 - Reminder of “rules”
- Considerations
 - Timing
 - Status of person interrupting or interrupted

“Enforcing” taking turns



Click box to start film clip

0004/Example2

2. Getting the full list of concerns

- First issue broached frequently not most important
- Special problems with social and emotional issues
 - Not sure if appropriate for “medical” visit
 - Concerns about stigma, privacy
 - Problem not really formulated yet

Consequences of not getting agenda

- “Doorknob” question
- Resistance or lack of adherence to off-target plan
- Come back with another concern

Your ideas for getting the full list of concerns?

What to do if it goes on and on?

Skills for getting full agenda

- Don't presume "chief complaint" is sole reason for visit
 - Acknowledge but add an open-ended question
- Avoid specific follow-up questions until after full agenda elicited
 - Silence, repeat phrase, "tell me more" to elicit more details
- Checking with both parties for "Anything else?"

Working for the full agenda - early focus



Click box to start film clip

0019/Example3

Working for the full agenda - staying open-ended



Click box to start film clip

0019/Example3

Rambling and digression

- A risk of the “open-ended” approach
 - That’s why we don’t use it!
- Some rambling can be the patient’s attempt to formulate the problem
 - Your interruptions can help if they promote focus in a non-leading way
- Just when to break in is a matter of your style and the amount of time you have

Skills for rambling

1. “I want to make sure we don’t run out of time...”
2. Summarize your understanding and ask for additional concerns
3. Specifically ask for focus
 - “Which one of those is hardest?”
 - “Pick one of those to start with.”
 - Ask for a specific example

Summarize and ask for more – parent and teen



Click picture to start clip

Agree1/example5

“Pick one”



Click box to start film clip

0021/Example6

3. Setting the agenda for the visit

- Frequently more to talk about than will fit in visit
- Why do it collaboratively?
 - Agreement on agenda enhances “buy in”
 - Discussing agenda a check to make sure main concern is addressed

Common issues in agenda setting

- Parent and child/youth have different priorities
- Family priorities not same as yours'
- Opportunities for additional visits are limited
 - You really do want to accomplish more than you have time for!

Your ideas for setting the agenda for the visit?

Skills for agenda setting

- Making sure this process is clear to patient/parent
- Playing back the list of concerns
- Asking for priorities
- Getting agreement from all parties
- Openly and collaboratively problem solve about limitations on follow-up visits

Checking with both parties



Click box to start film clip

0005/Example7

Prioritizing



Click box to start film clip

0023/Example 8

About the SP visit

- Relax and be yourself – it's just practice
- Take about 10 minutes
- Cover the four goals
 - Get the agenda
 - Manage any emotions
 - Establish short and long-term plans
- No need for physical exam (can be part of plan)

What SP's will do

- They will be reasonable and respond positively to your skills
- Set up situations where you can practice today's skills
 - Involve everyone
 - Elicit full agenda
 - Interrupt each other
 - Ramble
 - Have more to discuss than fits into visit

After the visit

- If you have time, make some notes to remind yourself of things to observe when you review your recording.

When you receive your CD-ROM

- You will get:
 - CD-ROM with your visit and SP feedback
 - Brief "study guide" to reviewing your CD (please return evaluation portion)
- Before the next meeting
 - Review as much of CD as you can
 - Think of a few observations/questions/teaching points to share at meeting