

Primary care clinicians are accustomed to a certain level of diagnostic uncertainty. Children presenting with fever are typically triaged based on the child's clinical appearance—the very toxic-appearing child may require further diagnostic assessment and admission to the hospital for observation and presumptive treatment; the child with clinical findings suggesting a specific diagnosis may be treated as an outpatient, returning for further attention if recovery does not progress as expected; the child with mild symptoms may simply require parental reassurance, symptomatic care, and monitoring. Clearly, in many instances the clinician can relieve parental distress and decrease the child's discomfort without knowing exactly what is causing the child's symptoms.

Similarly, in the absence of an emergent need, clinicians presented with a child's mental health problem can often take steps to address parents' distress and children's symptoms without knowing the specific diagnosis. They may offer parenting strategies to cope with common behavioral problems. They may offer advice about lifestyle issues affecting mental health, such as sleep, exercise, sunlight, diet, and one-on-one time for the parent and child. They can employ effective family-centered techniques known as *common factors*, so-called because they are common factors in a number of evidence-based interventions.¹⁻⁴ These can be represented by the mnemonic HELP.

H Hope

Increase the family's hopefulness by describing your realistic expectations for improvement and reinforcing the strengths and assets you see in the child and family.

E Empathy

Communicate empathy by listening attentively.

L² Language

Use the child or family's own language to reflect your understanding of the problem as they see it and to give the child and family an opportunity to correct any misperceptions.

Loyalty

Communicate loyalty to the family by expressing your support and your commitment to help.

P³ Permission

Ask the family's permission for you to ask more in-depth questions or make suggestions for further evaluation or management.

Partnership

Partner with the child and family to identify any barriers or resistance to addressing the problem, find strategies to bypass or overcome barriers, and find agreement on achievable steps aligned with the family's motivation.

Plan

Establish a plan (or incremental first step) through which the child and family will take some action(s), work toward greater readiness to take action, or monitor the problem, then follow up with you, based on the child and family's preferences and sense of urgency. (The plan might include, for example, gathering information from other sources such as the child's school, making lifestyle changes, applying parenting strategies or self-management techniques, reviewing educational resources about the problem or condition, initiating specific treatment, seeking referral for further assessment or treatment, or returning for further family discussion.)

Considerable evidence suggests that medical generalists can readily learn and retain these techniques.⁴⁻⁶

Notes

Use of multiple, brief visits (in contrast with the 45- to 60-minute visits common in mental health specialty practice) will often be necessary to address a child's mental health concerns in a busy primary care practice. Experienced primary care clinicians can readily acquire skills in bringing a visit to an efficient close and increasing the likelihood that youth and families will continue in care.⁴

Studies in adult primary care suggest that applying common factors skills such as those represented by the HELP mnemonic can improve patient outcomes without increasing the length of visits.⁷

References

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Online Course

An online course on communication skills is available through Northwest AHEC (<http://tinyurl.com/EnhancingMentalHealth>).

