BHIPP BULLETIN

VOLUME 1, ISSUE 6 APRIL, 2016

ARE THERE "UNIVERSAL" TREATMENTS FOR CHILD MENTAL HEALTH PROBLEMS?

One of the long-standing difficulties faced by primary care providers is the need to master the seemingly huge range of child mental health problems and their specific, evidence-based treatments. Applying a specific treatment to a specific diagnosis is a core tenet of medical care, but the over-application of this rule can stand in the way of helping families when a child has an emotional or behavioral problem. In this article, we outline some "universal" approaches to these problems.

First, most mental health problems come to light because of how they interfere with an important function or day-to-day activity. Joining with families to identify those issues is a first step toward making problems seem solvable. A second step is recognizing the context in which the child's problems are occurring. Nearly always there will be stressors experienced by other family members. At a minimum, the child's problems will be causing tension within the family or posing challenges to parents' work or personal lives. Often the child's symptoms are happening in parallel with major issues the family is experiencing, including financial instability or a major illness in a sibling, parent, or grandparent. Sometimes there will be issues of exposure to trauma vicariously, in the community, or at home. Simply acknowledging this context and empathizing with it is therapeutic – parents realize that you can weave your help into their existing efforts. Often there will specific help you can offer.

Fortunately, many child emotional and behavioral issues will improve if the emotional and behavior demands on children can be temporarily lessened, or if parents can help children to adopt stronger coping styles. Similarly, parents' abilities to help children can be strengthened if their own resources are not overly stretched. So another universal approach involves asking about current demands and what might be temporarily scaled back or postponed. Closely related is the evidence-based practice of prescribing pleasurable activities. What sorts of things have brought pleasure to either the parent or child in the past, or been settings in which the parent and child were happy together? Can the family deliberately do some of these things? Can the parent and child take even 10 minutes of time together – perhaps just after school or on a weekend, in some mutually-enjoyable activity?

Once more is on the table about the context of the child's problems, and the family has the assurance of the provider's understanding and some tools for self-care, providers can then propose some more specific solutions from their existing toolbox of advice about parent-child interactions and child behavior. Families will often have thought already about things that might help, so the provider's job is often more of validating those approaches and helping to refine them rather than having to come up with new ideas. Once some specific steps are identified, the most important aspect of concluding a visit is with a concrete plan for follow-up. How will the family decide if things are getting better or not, and how will they get back in touch to convey that information and decide what to do next. - *Dr. Larry Wissow*

Behavioral Health Integration
in Pediatric Primary Care

Phone & Fax:
855-MD-BHIPP
(855-632-4477)

Website:
www.mdbhipp.org