Welcome to UVM/AHEC ECHO: Children’s Mental Health

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Guest Speaker: Andrew Rosenfeld MD
• RECORDING OF SESSION TO BEGIN
Agenda

• Introductions
• Objectives
• Didactic Presentation (20-25 min)
• Case presentation
  • Clarifying questions
  • Participants – then faculty panel
• Discussion
• Recommendations
• Summary
• Closing Announcements
  • Submission of new cases
  • Completion of evaluations
CME Disclosures

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Interest Disclosures:

- As an organization accredited by the ACCME to sponsor continuing medical education activities, UVMCMIE is required to disclose any real or apparent conflicts of interest (COI) that any speakers may have related to the content of their presentations.
Introduction

Children’s Mental Health: A significant public health need:

Primary Care Providers: Front Line

This series: a way of sharing specialty expertise through didactics and case-based learning
Series Objectives

• By the end of this series, the learners should be able to:

  • Feel more comfort and confidence in identifying, treating, and referring a variety of complex children's mental health presentations.
Lecture Objectives

By the end of this activity, the learners should be able to:

- Describe the spirit of motivational interviewing.
- Define the four OARS skills of motivational interviewing.
- Apply motivational interviewing techniques to a specific topic/case from their practice.
Motivational Interviewing

For Primary Care Pediatrics
Background: MI

• Created in 1983 by William R. Miller, then elaborated in 1991 with Stephen Rollnick in *Motivational Interviewing: Preparing People for Change*

• Initial focus was on problem behaviors related to drinking, but has expanded to substance use, gambling, and a wide array of behavioral challenges
  • Obesity, medication adherence, smoking cessation, diabetes management, etc.

• Can you think of a behavior you are wanting to change (that you could share with your peers shortly)?
Some Evidence....

• Many trials in adults (e.g., see DiClemente et al. 2017 for review re efficacy for substance use; Palacio et al. 2016 re medication adherence)

• Fewer trials in kids but emerging evidence, e.g.,
  • For non-treatment seeking teen MJ users, 1 or 2 sessions of MI led to reduced use across substances in multiple controlled studies (McCambridge & Strang 2004; Berghuis et al. 2006; Martin & Copeland 2008; Walker et al. 2006)
    • Control is usually waitlist or assessment only
  • For self-management of chronic medical conditions
    • ~4 MI sessions over a year led to lower HbA1c in teens with diabetes compared to supportive counseling (Channon et al. 2007)
    • 4 sessions of MI for youth with HIV led to improved health outcomes (Naar-King et al. 2009) in a multi-site randomized trial
Academy Recommendations

• The Future of Pediatrics: Mental Health Competencies for Pediatric Primary Care
  • Committee on Psychosocial Aspects of Child and Family Health and Task Force on Mental Health
  • *Pediatrics* July 2009, 124 (1) 410-421

• Proposes “generic” mental health skills that benefit the practice of primary care pediatricians, referencing MI as one of the foundational components
Spirit

- MI is a method for supporting behavior change;
- It is fundamentally person-centered, non-judgmental, and collaborative;
- MI is not something you do “to” another person, but “for” and “with” them;
- MI is not a way to trick people into changing their behavior or doing what you think is best—it is a means to activating motivational resources within a person/family/system.
Spirit: PACE

• Partnership
• Acceptance (Autonomy, Absolute Worth, Affirmation, Accurate Empathy)
• Compassion
• Evocation
Case Example

- AAP Implementing Mental Health Priorities in Practice
MI Skills

- Even though MI is more than a set of techniques, there are still skills that support the approach
OARS

• Open-Ended Questions
  • Tell me more about your weight gain.

• Affirmations
  • You’re been trying a lot of strategies to work on this goal.

• Reflections
  • You sound so frustrated that you can’t get the result you want.

• Summaries
  • If I’m getting it right, you’ve been trying to lose weight for over a year. You’ve tried joining a gym but it was hard to find the time to go. You tried cutting out sodas but you miss them and it hasn’t been a big change. You added walks with your neighbor which was going well until the pandemic. Now you’re looking for new ways to work on this goal.
More Practice Opportunities

- MINT: Motivational Interviewing Network of Trainers
  - Workshops, training

- Start an MI practice group

- AAP videos
  - AAP groups/workshops?

- Read my column in Pediatric News:
  - Child Psychiatry Consult, June 2020
  - [https://www.mdedge.com/pediatrics/child-psychiatry-consult](https://www.mdedge.com/pediatrics/child-psychiatry-consult)
References

• *Motivational Interviewing, 3rd Ed.* Miller & Rollnick

• *Motivational Interviewing with Adolescents & Young Adults*, Naar-King & Suarez
• RECORDING TO BE STOPPED FOR CASE PRESENTATION
Cases/HIPAA

- Names
- Address
- DOB
- Phone/Fax #
- Email address
- Social Security #
- Medical Record #

The discussion and materials included in this conference are confidential and privileged pursuant to 26VSA Section 1441-1443. This material is intended for use in improving patient care. It is privileged and strictly confidential and is to be used only for the evaluation and improvement of patient care.
Let’s Practice

• **AAP Implementing Mental Health Priorities in Practice**

• Your own behavior change goal: count the OARS!
Conclusion

• Volunteers to present cases (this is key to the Project ECHO model)
  • Please submit cases to Michael.Hoffnung@uvmhealth.org

• Please complete evaluation survey after each session

• Claim your CME at www.highmarksce.com/uvmmmed

• Please contact us with any questions, concerns, or suggestions
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