

CHILD MENTAL HEALTH FOR PRIMARY CARE



Engaging Families in Care

While family members are more present within the pediatric setting by virtue of the age of the identified patient, how and when families are engaged can make a difference in the life of the patient.

Suggestions and Solutions for Engaging Families

Consider implementing in the clinical workflow, potentially at triage, the question, “Have there been any major changes in your family?” This question can open the door for both positive changes and potential challenges that might not enter the clinical discussion otherwise. For example, a parent’s job loss or even promotion can impact the patient and family.

When appropriate talk with patients and their families about what positive things are happening in their lives. Families rarely get applauded and encouraged just for working to maintain a healthy and well-functioning family. It can be tremendously uplifting to hear that encouragement from a trusted provider.

Make sure the patient’s record and the care team have knowledge about who is in the home and the dynamics throughout the home. This information should be updated at least annually. A basic understanding of these dynamics, will help with problem solving and determining next steps in the treatment plan.

Keep in mind that family members can make it easier or more difficult for pediatric patients to make changes in their health behaviors. Just like with anyone else, if other family members make some changes along with the patient, the more supported the patient feels, the more likely they are to make changes permanent.

Consider identifying clinical pathways in your office when patients and their caregiver need extra support. Examples include uncontrolled asthma, new chronic illness diagnoses, or psychosocial stressors like a death in the family. When these situations present themselves, identify some key areas of support that can be provided to the family such as community resources, additional appointment time, or referrals to behavioral health for coping.

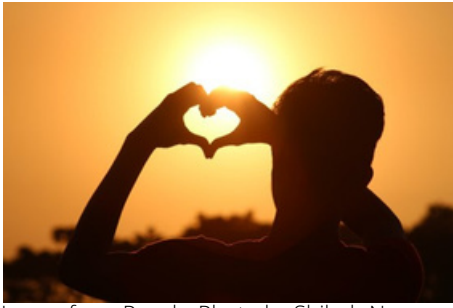


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When situations present themselves where it appears that the family will play a key role in the patient's well-being, make sure to reflect back to the family what you think you are hearing so that you can be sure you have clarity with regard to their concerns and what next steps are feasible for the family as a whole. It is ok if reflective listening feels unnatural or stilted, it will still work.

After the patient and the family member are finished talking, simply start your first sentence with "What I hear you saying is..." and then follow it with what you heard. When you get confirmation from the patient and family member(s) then you can move ahead with discussing treatment options.

Consider that as your patients get older and approach adolescence, the interactions in the office will look different. While it is best practice to ask for time with the adolescent patient alone, consider making it obvious to the patient and the family member why this delineation is important.

For example, "You are getting older now and it is your job to begin getting in the driver's seat with regard to your health. Your relationship with your family is so important, but it is also important that you understand our office is here for you and when you are an adult, your primary care doctor will be a trusted resource." This type of conversation plants the seeds for healthier adults.



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