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Increasing Confidence in Counseling Pediatric Patients and Their Families

Michael Hoffman, PhD

Clinical Psychologist

Michael Hoffman, PhD

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Disclosures

- **Presenter Disclosure**: Financial: Michael Hoffman is employed by the Center for Childhood Communication at the Children's Hospital of Philadelphia. He received an honorarium for this presentation. Non-financial: Michael Hoffman has no relevant non-financial relationships to disclose.
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Learning Outcomes

- After this course, participants will be able to
- Explain how to utilize specific communication techniques for increasing alliance and connections with families.
- Discuss ways in which cultural considerations and multicultural identity may be impacting comfort in communicating with families.
- Identify specific standardized tools for measuring psychosocial functioning that can be used to screen patients and families for psychosocial supports.

Overview/Agenda

- Introduction to Who I Am
- Communication strategies/ways to improve counseling
- Cultural considerations
- Standardized psychosocial tools
- Summary & Q/A

Who Am I - Personal

- Deaf adult – use of hearing aid and CI
  - Connexin 26
  - Bilateral moderately severe to profound HL
  - Diagnosed at 5 months, aided at 6 months
  - Implanted at age 28

- Over 30 years of experiences as a patient within medical systems

Who Am I - Professional

- Attended Clinical Psychology Program at University of Miami
- Clinical training across numerous pediatric populations providing integrated behavioral health
- Worked at Nemours Children's Health for 6 years
- Pediatric Psychologist at Children's Hospital of Philadelphia in the Center for Childhood Communication

Confidence in Counseling

- Mu?oz, Price, Nelson & Twohig[1]
- 350 pediatric audiologists across the US were surveyed
- 75% felt counseling is very or extremely important
- 75% reported moderate or greater challenge in knowing how to access psychosocial challenges and having time to address needs

Communication Strategies to Improve Counseling and Therapeutic Alliance

Being a Person and Establishing Rapport

- Take a moment to talk to the family
- Introduce yourself and make eye contact
- Make discussion outside of your medical scope
- Ask the family how they are doing
  - Ask about something outside of their medical needs and remember it!

Normalizing

- Normalizing is one of the most powerful tools you can use
  - Patients and families are often wondering if their problems are unique to them
  - Results in disclosing anxiety/discomfort or further discussing
- “A lot of children will say..”
- “Many others frequently tell me”
- “Given your history of hearing loss, I would expect it to be…”
- “This is very common among other parents of children with cochlear implants”

Reflective Language

- How do you show your patients that you are listening to them?
  - “If I am understanding you correctly…”
  - “It sounds like…”
  - “What I am hearing is…”
  - “I get the sense that…”
  - “It feels as though…”
- Reflecting back to them: Using downturns instead of upturns
  - Upturns indicate a question

Avoid Being the Finger-Wagger

- Most often, our desire is to provide information
  - "This is why you should do what I am telling you to do!"
  - We get frustrated when we feel like families are not doing what we are telling them
- We are providing information to invoke a behavioral change
- However, extensive research has shown that education is not sufficient to produce behavior change[2,3]

Reactions to Lecturing

- What reactions have you experienced with challenging families when providing education?

- The patient/family is likely to:
  - Become defensive
  - Become closed off
  - Justify/explain their current views and behavior
  - Feel misunderstood

Roll with Resistance

You are experiencing resistance

- If you find yourself experiencing resistance or on opposite sides of a discussion with a patient, ask yourself:
  - “How can I roll with the resistance?”
  - Don’t go into autopilot

- Call it out and gather more information
- Find a middle ground. Is there a compromise to be had?

How to Provide Information

- Asking permission: When providing information, asking for permission can get more buy-in
  - “Is it OK with you if I tell you about…”
- Asking permission makes the patient feel like they are in some control of their own visit
- When patients and parents are in critical care settings, they often feel like everything is being dictated to them
- If they say “no” (which is rare) they likely were not ready to hear any information

Communicating With Children

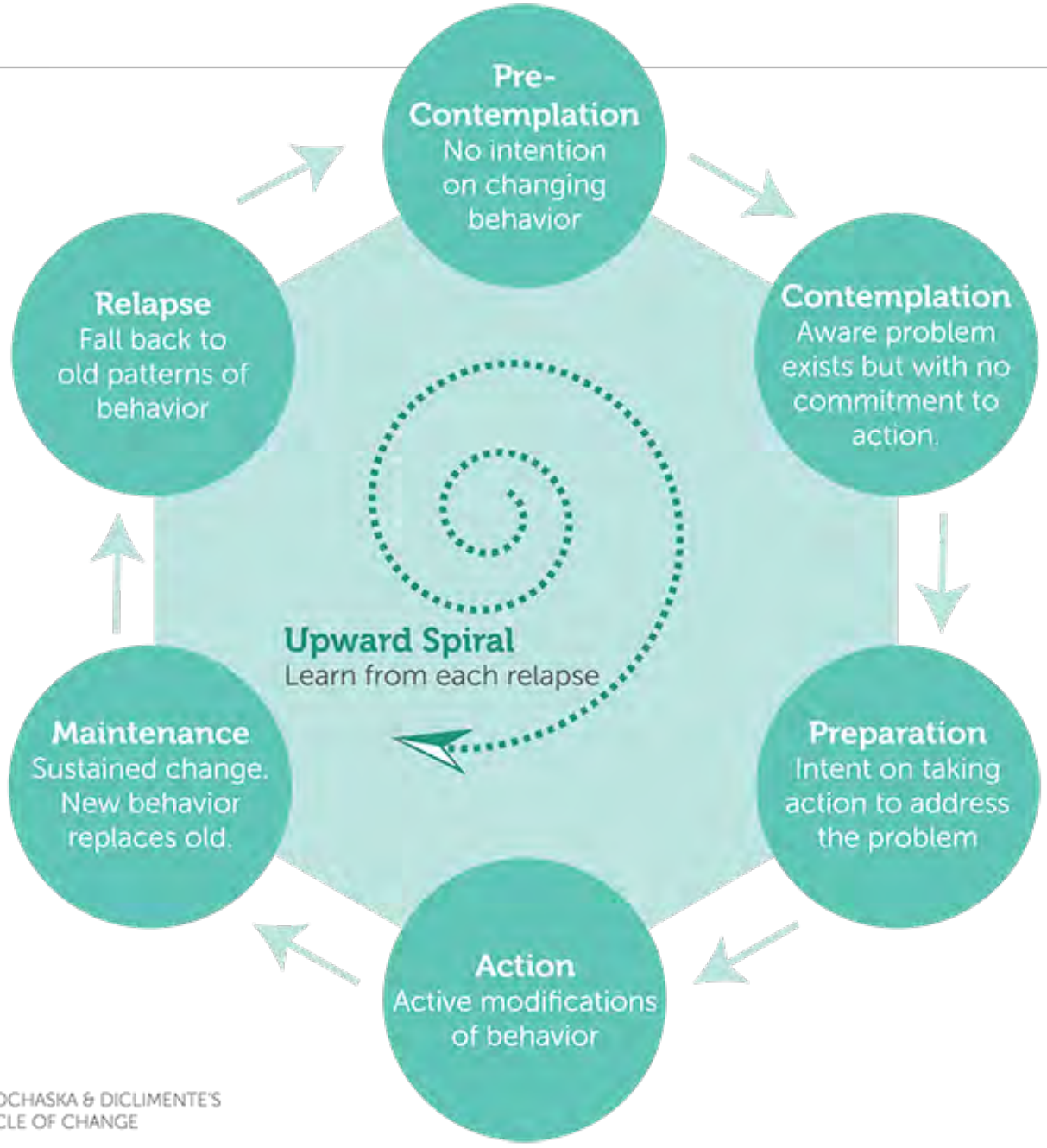
- If they are old enough to ask the question, they are old enough to receive the answer
- Be open and honest with them
- Match their developmental level
  - This might require being broad or simplified
- If you don't talk with your kids, who knows where they land?

REMINDER: You are not just treating the medical diagnosis!

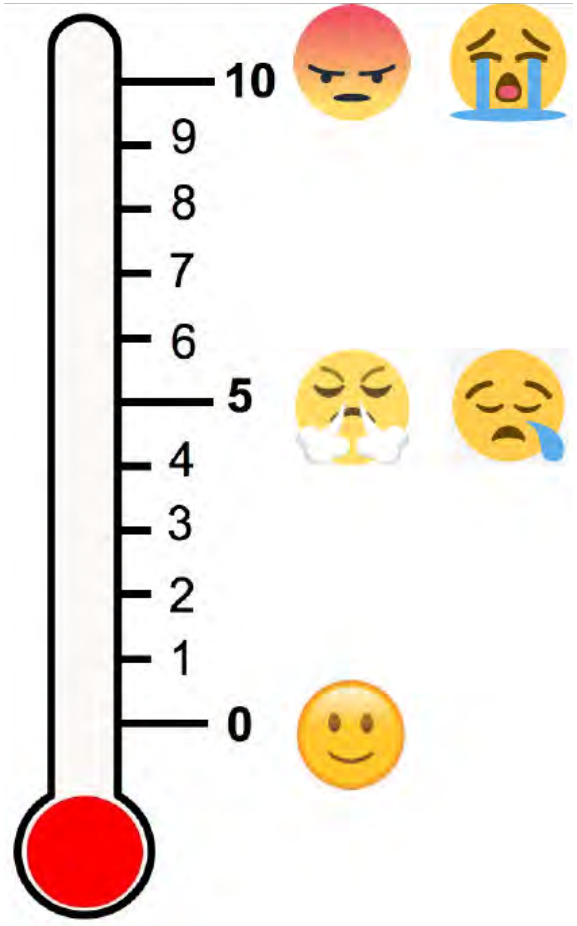
Make the patient and family feel as you are there for them

Engaging Patients in Behavior Change

Prochaska and DiClemente's Stages of Change (1983)[4]



Eliciting Change Talk



- Motivational Interviewing
- On a scale of 1 to 10…
- Why are you a _____ and not a _____
- What makes you think you need a change?
- What will happen if you don't change?
- Do you think others are concerned about your behavior? Why?

Cultural Humility and Cultural Competent Care: Our Role

We Are Cultural Beings

- Part of counseling families is to acknowledge the role that culture plays
- The human experience is diverse, and your counseling cannot be one size fits all
- Ignoring the role of culture is like ignoring the water when you are in a pool

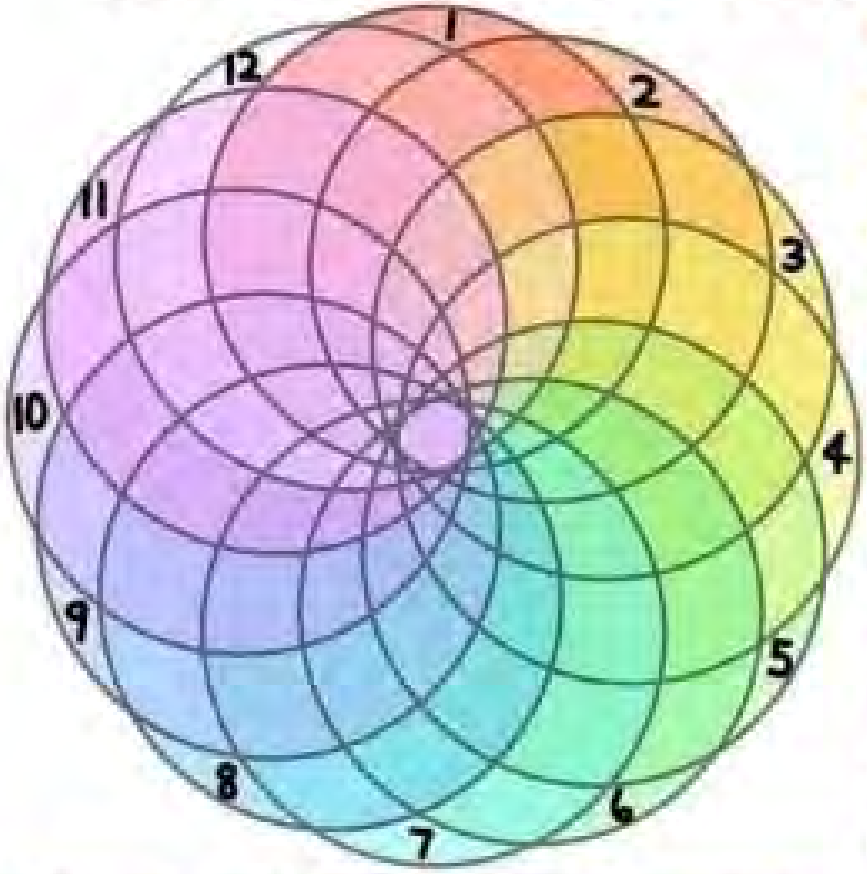
How Culture Shows Up

- Language used – modeling person first language
- There is plenty of research regarding racial/ethic inequities in care
  - Are you actively taking steps to address this?
- Identifying and acknowledging barriers to care
- Calling out differential handling of patients
- Recognizing and identifying medical mistrust
- Statements of frustration from providers towards families

Intersectionality

- Oxford dictionary[5]: The interconnected nature of social categorizations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage". *- Dr. Kimberle Crenshaw in 1989*
- Intersectionality involves negotiating one's own diversity and figuring out how to express that with clarity and confidence in different settings
- Environments include home, school, spiritual/religious groups, cultural and geographic community
- Codeswitching – changing our behaviors (speech, dress, and mannerisms) to conform to a different cultural norm than our authentic selves

INTERSECTIONALITY



1 Race
2 Ethnicity
3 Gender identity
4 Class
5 Language
6 Religion
7 Ability
8 Sexuality
9 Mental health
10 Age
11 Education
12 Attractiveness
(...and many more...)

Intersectionality is a lens through which you can see where power comes and collides, where it locks and intersects. It is the acknowledgement that everyone has their own unique experiences of discrimination and privilege.

– Kimberlé Crenshaw –

continued

WHEEL OF POWER/PRIVILEGE

Adapted from ccrweb.ca

@sylviaduckworth

Why Culture Matters

- We should always strive to consider the intersectionality between multicultural identity and experience of illness/disability

- White, well-resourced families experience hospitalizations, medical treatment, and illness very differently than individuals/families of color and those with less resources6-8

Deaf Identity Formation

- Identity transmission happens via three routes:
  - Vertical transmission – From caregivers to offspring
  - Horizontal transmission – From peers
  - Oblique transmission – From other adults and institutions

- 95% of deaf kids are born to typically hearing families[9]
  - Therefore: deaf identity is shaped through horizontal and oblique transmission
  - Caregivers are also forming an identity of what it means to be parents of a deaf child
- Family must come to terms with what “deafness” means[10]
  - In contrast – We never need to define what “hearing” means
  - Caregivers are learning what it means to be parents of a deaf child

Smolen & Paul, 2023[11]

- Lit review of 47 articles assessing deaf identity in adolescents
- Identity is inextricably tied to technology that was and was not available
- Identity is increasing complex, fluid and subject to significant change – DeaF
- Identifying with Deaf culture is not in opposition to hearing culture, it has its own Deaf strengths

Psychosocial Screening

Why use standardized screening?

- It might uncover information not shared verbally
- It helps to eliminate bias
- It can be administered from the EMR prior to visits to reduce burden
- It can be scored quickly and automatically
- Can guide how to use your resources most effectively

Logistics, Logistics, Logistics

- What exact do you want to screen for?
- Who is doing the screening?
- How is it administered and scored?
  - Leveraging EMRs/Digital options
- How do what's your follow-up plan?

Your Screening Targets

- Age range of screening
- Who is doing the reporting
  - Caregiver/child
  - Teachers
  - Others
- Generally, multiple reporters is better
- Consider developmental/medical differences
  - Be mindful of neurodiversity

What exactly do you want to screen for?

- General psychopathology and functioning
  - Anxiety, depression, ADHD
  - Academic performance
- Condition-specific challenges
  - Trouble adjusting to a diagnosis
  - Feeling different from others
- Health-Related Quality of Life (HRQoL)
- Parenting Stress

A Brief (But Not Exhaustive) Review of Potential Screening Tools

Personal Health Questionnaire Depression Scale (PHQ-8)[12]

Over the **last 2 weeks**, how often have you been bothered by any of the following problems?
*(circle **one** number on each line)*

How often during the past 2 weeks were you bothered by...	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3

Scoring the PHQ-8

- Sum of the items
- >10 is major depression
- >20 is severe major depression

An Aside: Screening for Suicidality

- The PHQ has an 8 and 9 item version
  - The 9th question that is added/dropped is a suicidality question
  - If screening for suicidality, you must be prepared with a plan to handle these positive screens
  - What happens if someone is reporting active suicidal ideation?
  - If nurses/others are administering the questionnaires, a contact chain protocol is needed

Generalized Anxiety Disorder 7-Item Scale (GAD-7)[13]

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
Add the score for each column	+	+	+	

Total Score *(add your column scores)* =

Scoring the GAD-7

- Scores are sum of item responses
  - 5 = Mild Anxiety, 10 = Moderate Anxiety, 15 or greater = Severe Anxiety
- General Rec: 10 or greater for follow-up
- GAD-7 has a sensitivity of 89% and a specificity of 82% for GAD
- Also correlates well with:
  - Panic disorder (sensitivity 74%, specificity 81%),
  - Social anxiety disorder (sensitivity 72%, specificity 80%)
  - Post-traumatic stress disorder (sensitivity 66%, specificity 81%)

Health-Related Quality of Life Measures

- Health-Related Quality of Life (HRQoL) Measures how an individual feels, functions, and survives with a chronic medical condition or disability

- Encompasses four domains
  1. Disease severity and physical symptoms
  2. Functional status
  3. Emotional/cognitive functioning
  4. Social functioning

Examples of Measures

- PedsQL - https://www.pedsql.org/about_pedsql.html
  - Has generic and condition-specific options
- PROMIS - https://commonfund.nih.gov/promis/index
- HearQL - https://www.thieme-connect.com/products/ejournals/abstract/10.3766/jaaa.22.10.3
- Parenting Stress Index 4th Edition - https://www.parinc.com/Products/Pkey/333

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Thank you!

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Clinical Psychologist

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