



# CCNC Pediatrics: Common Factors Approach (HELP)

## Common Factors Approach Explained

Common Factors (HELP) are family-centered techniques that use common skills present in a number of evidence-based interventions that can be used with all ages.

Common Factors have been shown to be effective in reducing parental distress and increasing the child's functioning across a range of mental health problems.

### Why Use the Common Factors Approach?

Up to 25% of patients in primary care practices have a diagnosable mental health condition (typically anxiety or depression), however many patients go unidentified and untreated.<sup>1</sup>



The majority of primary care patients with mental health issues can be identified and treated in their primary care practice without referral to a mental health specialist.<sup>2</sup>

16% of children and adolescents in the US have impaired mental health functioning, but do not meet criteria for a psychological disorder.



Mental health access in the community may be limited, or other barriers may prevent patients from following through on a referral.

13% of school-aged children with normal functioning have parents who have concerns about their child's emotions or behavior.



Integrated practice and using the Common Factors Approach may help many patients with milder mental health symptoms receive treatment in their primary care practice and avoid time-consuming, costly, or ineffective referral.

## 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 patient and family.

**E Empathy** Communicate empathy by listening attentively.

**L<sup>2</sup> Language** Use the patient or family's own language to reflect your understanding of the problem as they see it and to give the patient and family an opportunity to correct any misperceptions.

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

**P<sup>3</sup> 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 patient and family to identify any barriers or resistance to addressing the problem, find strategies to bypass or overcome barriers, and agree on achievable steps aligned with the family's motivation.

**Plan** Establish a plan (or incremental first step) through which the patient 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 patient and family's preferences and sense of urgency.

<sup>1</sup> <https://www.bazelon.org/LinkClick.aspx?fileticket=CBTKUhxTlvw%3D&tabid=220>

<sup>2</sup> <http://www.ncbi.nlm.nih.gov/pubmed/22403211>



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### Examples of Common Factors in Action

*Regina, age 17, was seen for a normal summer camp physical. On your way out the door her mother remarks that Regina isn't sleeping well and wants to know if she should be concerned. Regina gets angry with her mother for bringing it up.*

- Reinforce the strengths of Regina and her family.
- Discuss ways that Regina thinks she could reduce her stress.
- Help Regina and her mother identify healthy activities to relax, relieve stress, improve sleep quality, and spend time with pro-social peers.
- Educate Regina and her family on worsening symptoms, warning signs, or emergencies.
- Monitor progress with phone check in, email, or follow-up visit.

*Luis, age 4, was referred by his childcare provider for fighting. His father explains that he has been kicked out of two previous daycares for the same thing. His father seems critical and periodically gives Luis orders in an angry tone of voice to sit still and behave.*

- Reinforce the strengths of Luis and his family.
- Administer standardized screening for behavior and follow-up screens for ADHD if indicated.
- Find agreement on steps to reduce conflict and improve the parent-child relationship.
- Find agreement on steps to increase healthy activities, limit media, and improve sleep quality.
- Model use of praise and encourage one-on-one time and rewards for good behavior.
- Make a referral to a behavioral specialist if the family agrees.
- Monitor referral and progress with a follow-up visit.

The plan could include: gathering information from 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.

For further references see the AAP handout.<sup>3</sup>

<sup>3</sup> <http://www.heardalliance.org/wp-content/uploads/2011/04/HELP-Hope-Empathy-Language-Loyalty.pdf>