



# Filling the Gap: Creating Informational Pamphlets for Children's Hospital Colorado's Pediatric Psychiatric Services

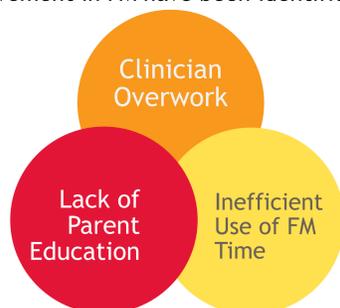
Children's Hospital Colorado

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## Background

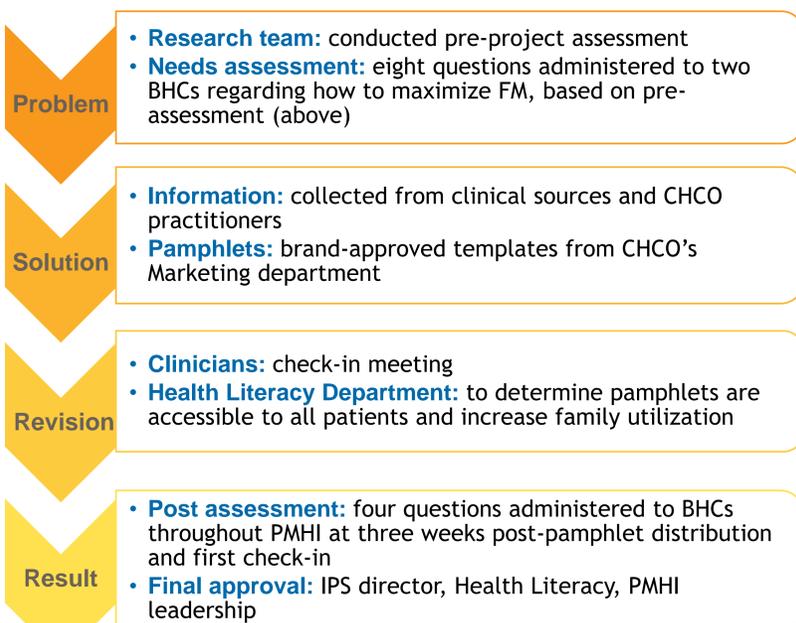
Children's Hospital Colorado (CHCO) has two Family Meetings (FM) per week for patients in Intensive Psychiatric Services (IPS). FM involve families in their child's recovery as a part of patient- and family-centered care, a tenet of the IPS I-CARE Model in development. FM are held by licensed Behavioral Health Clinicians (BHCs) and are therapeutic in nature. However, three areas for improvement in FM have been identified:



- Clinician overwork is defined as reduced passion and involvement, decreased achievement, and depersonalization in BHCs.<sup>1</sup>
- Parent education leads to increased support, more frequent use of mental health services, and better family interactions for children with mental health issues.<sup>2</sup>

A working solution involves addressing this three-part issue by providing BHCs with a CHCO-approved source of information to give to families in FM. Patient and parent information should be accessible, clear, and easy to read and understand for maximum impact.<sup>3</sup> To improve the quality of care for IPS patients, pamphlets were designed and provided to BHCs. The purpose of the project was to address clinician overwork, educate parents, and improve use of FM time.

## Methods



Sources included the American Academy of Pediatrics, American Psychological Association, handouts by Dr. Jonathan Miller for Children's Hospital Colorado Intensive Psychiatric Services, and others.

## Results

### Summary of Needs Assessment with BHCs:

- What's needed: **psychoeducation**, general behavioral **guidelines**
- Best use of clinician time: **family-specific work**
- Between 33% to 50% of FM time wasted
- "We're using our time to educate."
- "What do we (CHCO) recommend? [And] how to implement it. How is the time-consuming part."

Problem:	Solution: Pamphlets
Behavioral intervention handouts exist, but need to be abbreviated	"Healthy Limits"
"Parents ask: how do I set limits on social media?"	"Social Media"
How to set expectations for the home	"Setting a Schedule"
"Parents need to know to schedule school reintegration meetings, how to do means reduction."	"Leaving Children's"
"Kids don't get enough time with parents; we want to enhance that quality time."	"Communication Cheat Sheet"

Table 1: Initial needs assessment of two BHCs' experiences showed parents' deficit knowledge of behavioral interventions (left column). Five resources (right column) were then created in the BHCs' suggested format to address this problem and facilitate more useful work.

### Project Development:

- 1. First Check-In: Four pamphlets, one "cheat sheet" (with BHCs)**
  - **Expand** "Communication Cheat Sheet" into a full pamphlet
  - **Clarify** phrasing, make pamphlets easy to read and follow
  - Keep language and recommendations **consistent** with CHCO practitioners'
- 2. Second Check-In: Five pamphlets (with Research Team)**
  - **Approved** by Director of IPS
- 3. Finalization: (from Health Literacy Department and BHCs)**
  - Subjective Measure of Gobbledygook (SMOG) readability score  $\leq 10.00$  decreased to  $SMOG \leq 8.00$

Pre-Assessment:	Post-Assessment:
33%-50% FM time wasted	15%-20% FM time saved per family
Lack of parent education on behavioral interventions at home	"Now [parents] have tools with them to take home. They'll be better able to implement [interventions]."
Unclear, inconsistent CHCO recommendations	"We wish we could go into this kind of detail," "[Pamphlets] will help with remembering."

Table 2: Results from the initial needs assessment pre-pamphlets (left column) compared to the post-pamphlets assessment (right column). The post-assessment measured the BHCs' perception of how well the pamphlets addressed problems previously identified.

## Discussion



- Problem 1: to address **clinician overwork**, pamphlets include standardized recommendations in an easy to share format
- Problem 2: for **lack of parent education**, pamphlets have evidence-based strategies and tips at an  $\leq 8^{\text{th}}$  grade reading level
- Problem 3: to improve use of **FM time**, pamphlets focus on basic behavioral interventions generalizable to IPS patient families
- Other features:
  - Colloquial phrasing and a clean format
  - Made with CHCO branded templates
  - Unique colors for ease of identification
  - Section for notes personalized to families
  - Further information/references available upon request
- BHCs' thoughts:
  - "[The pamphlets are] easy on the eye, [they're] concise"
  - Pamphlets help with information retention; retention is more useful than just saving time
  - "[Pamphlets] this user-friendly [are] helpful, more usable. Families can take [this information] home."

"We've been wanting these for a long time."

## Challenges

Creating pamphlets for CHCO's pediatric psychiatry services involved several challenges. Project impediments included:

- Learning about and abiding by quality improvement guidelines
- Needs and follow-up assessment response rate
- Scheduling difficulties
- The variety of opinions and inputs taken into account during project development
- Inaccessibility of patient and family perspectives
- Lack of time for effective, thorough communication

## Future Improvements

- BHCs asked for handouts on:
- psychotropic medications
  - developmental milestones
  - age-appropriate behavior

They also requested worksheets to accompany the pamphlets and a refined version of the needs assessment present in IPS intake paperwork. Some worksheets and information are available through CHCO's Patient Handouts, but may not be sufficient for PMHI needs. Future improvements include creating and revising necessary handouts for families. Also, it would be useful to get family feedback on handouts current and future, to better align with the patient- and family-centered aspect of care within the I-CARE Model.

## References

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3. Coulter, A., Entwistle, V., & Gilbert, D. (1999). Sharing decisions with patients: is the information good enough? *British Medical Journal*, 318(7179), 318-322. Retrieved from <http://www.jstor.org/stable/25181710>