



A bi-monthly broadcast of interesting and helpful ideas in local clinical psychology to support your practice.

Editor's Message

Dear colleague,

This month has a focus on child and family psychology, with articles generated by the child and family arm of the practice – PsychStuff4Kids.

Each bimonthly newsletter includes: (a) a summary of an article from the psychological literature of interest to GPs, (b) a serialised article on motivational techniques to help patients change their own health behaviours (c) an inspirational quote of the week and (d) an interview with a clinical psychologist.

Have a read and contact us for more information:

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Literature Digest: Child Anxiety – focus on 'school refusal'

School refusal has poor social and academic outcomes associated with it. About 50% of children who avoid school habitually do so because of anxiety. Research by Kearney (2007) and colleagues has found that the top reasons are (1) to escape aversive social or evaluative situations such as anxiety talking to other children or having to talk in front of the class, (2) avoiding anxiety or inadequacy feelings associated with evaluation of academic work, (c) getting attention from parents, (d) material gain from non-attendance such as doing fun things and (e) worry about a parent.

The good news is that we know what works for child anxiety. A 2015 Cochrane review (James et al.) confirmed that CBT is effective for child anxiety. Some research suggests that even better results are achieved when there is a family-based approach to the clinical application of the CBT (such as Barret et al. 1996).

Barrett, PA, Dadds, MR & Rapee, RM. (1996). **Family Treatment of childhood anxiety: A controlled trial.** *J. Consult Clin Psychol*, 64, 333-342.

Kearney CA (2007). **Forms and functions of school refusal behavior in youth: An empirical analysis of absenteeism severity.** *Journal of Child Psychology and Psychiatry*, 48: 53-61.

http://www.cochrane.org/CD004690/DEPRESSN_cognitive-behavioural-therapy-for-anxiety-in-children-and-young-people

Interview with a Clinical Psychologist

MARIA IVANKA MILIC (B.A. *hons.*; M.Psychol)

Maria is a senior clinician who works in the child and family arm of the practice – PsychStuff4kids. She has worked with children for over 20 years, most of them at Redbank House, a tertiary child and family mental health unit. She specialises in selective mutism but has a keen interest in all manifestations of anxiety in kids.

Q: After a post-graduate degree in clinical psychology, you decided to work with children more than adults. What influenced that decision?

A: I knew from school that I wanted to work with children, so I chose Psychology. During my Masters training it became clear that the most effective change occurred when working collaboratively with the family, so I honed my interest to families as well as kids.

Q: You use the resources of the family as often as possible in treatment. Is that better than doing work individually with the child?

A: To practice the skills they are learning in the therapy room, children need guidance and encouragement. An important element to successful change is when adults around the child respond to their difficulties in ways that support them to apply their new strategies. Practicing the skills in the therapy room with the parent and child provides them with the opportunity to build their confidence and comfort in using the new skills.

Q: You specialise in Selective Mutism. In a nutshell, what is 'Selective Mutism'?

A: Selective Mutism is essentially a type of social anxiety disorder. Children with Selective Mutism fail to speak to children and adults in select situations such as school, the community and with extended family and friends. They have no problems with comprehension or word formation and speak comfortably and confidently at home with their immediate family and select other people. The failure to speak is first observed around age 3 when children start attending day care or preschool. It is more common than previously thought, with a prevalence rate around about one in 100 children in their preschool years. Research clearly indicates that if the child has failed to speak for more than six months then formal psychological assessment is indicated.





"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

– Maya Angelou

Basten & Associates

Basten and Associates is a practice of clinical psychologists devoted to enhancing mental health in our community.

We have been providing psychological treatments since 1998 and have three locations in Sydney – Sydney CBD, Chatswood and Westmead.

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1. We are all clinical psychologists with post-graduate clinical training.
2. We have enough specialists for different conditions, so you will find the right psychologist to work with your patients.
3. Our clinicians are committed to staying up to date with research into the causes and treatments of common conditions.
4. We only use treatments that have a known basis of evidence showing them to be effective and then adapt and tailor these treatments to each individual after a thorough assessment.

Series on Motivating Patients

Motivating patients to change their behaviour.

Part 4: Using the doctor-patient relationship

As health professionals, we try to help people improve their health and yet it can be hard to motivate patients to do potentially helpful treatments or lifestyle changes. This is a serialised account of numerous strategies to increase motivation for change in our patients. In every section, two assumed 'cases' are used for illustration.

"Rob" is 48 and has Type 2 diabetes. He is over-weight. He does not always test his BSLs reliably; he has not yet lost any weight, as recommended; and he can't recall what he has for lunch or dinner when asked. His BSL range is 3 to 17. He has stated that he is too busy with his own book-keeping business to attend courses or hospital clinics on diabetes education.

"Karen" is 60 and has chronic obstructive pulmonary disease. Her adult son is often in trouble, needing her help with money, accommodation and baby-sitting for his children when he has custody but he can't meet their needs due to his chaotic lifestyle. She gets frequent chest infections (for which she requests antibiotics) and keeps relapsing into cigarette smoking because that is the only way she feels she can deal with all her stress.

Using the doctor-patient relationship: Previous articles on motivating patients have focused on techniques and interventions. Here, we focus on the relationship. We need to remind ourselves that the doctor – patient relationship is unique and has some embedded power. Aspects of the relationship that can help get patients better engaged in self-care are listed below.

- Tell the patient that you are **concerned** about their wellbeing and want the best for them;
- Book in a series of more **frequent** follow-up appointments for reviews (lets them know how important you think this is);
- Use warm **praise** for effort. Let them know you are impressed before asking them to set further goals;
- Express **confidence** in their ability to engage well in good health behaviours ("I think that you can do this; once you have made a start, the second week will be easier");
- **Dare** them to engage in those changes ("many people get stuck and can't do what we are talking about but I reckon you are the sort of person who can make it work. It's really hard to get this right but I believe you can do it. Let's check in in two weeks");
- Ask the patient to make a **commitment** to you (and maybe shake hands on it) that they will do their best to engage in a specific behaviour for a short period until you meet next. Just be sure that this is well within their capacity or else you may inadvertently cause them embarrassment and make them worried to come back.

These ideas can all potentially be applied to both Rob and Karen (our cases). Think now about how you might apply each of these to Rob then think about one or more of your current patients.

Next article in June:

On "Motivational Interviewing".

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