

H = Hope

Hope facilitates coping. Increase the family's hopefulness by describing your realistic expectations for improvement and reinforcing the strengths and assets you see in the child and family. Encourage concrete steps toward whatever is achievable.

E = Empathy

Communicate **empathy** by listening attentively, acknowledging struggles and distress, and sharing happiness experienced by the family.

L² = Language, Loyalty

Use the child and family's own **language** (not a clinical label) to reflect your understanding of the problem as they see it and to give the child and family an opportunity to correct any misperceptions.

Communicate **loyalty** to the family by expressing your support and your commitment to help now and in the future.

P³ = Permission, Partnership, Plan

Ask the family's **permission** for you to ask more in-depth and potentially sensitive questions or to make suggestions for further evaluation or management.

Partner with the child and family to identify any barriers or resistance to addressing the problem, find strategies to bypass or overcome barriers, and find agreement on achievable steps (or simply an achievable first step) that are aligned with the family's motivation. The more difficult the problem, the more important is the promise of partnership.

On the basis of the child and family's preferences and sense of urgency, establish a **plan** to expand the assessment, change a behavior or family routine, try out a psychosocial intervention, seek help from others, work toward greater readiness to take one or more of these actions, or monitor the problem and follow up with you. The plan might include, for example, completing additional checklists or questionnaires, keeping a diary of symptoms and triggers, gathering information from other sources such as the child's school or child care center, making lifestyle changes, applying new parenting strategies or self-management techniques, reviewing educational resources about the problem or condition, seeking mental health specialty care or social services, or simply returning to the medical home for further discussion.

Use of the HELP mnemonic builds a therapeutic alliance between the clinician and the patient and family and improves the likelihood of follow-through on a plan of care. This approach is well suited to the care of patients who would benefit from a behavior change, patients whose symptoms are undifferentiated and patients whose symptoms do not reach a diagnostic threshold, patients who are resistant or otherwise not yet ready to pursue further diagnostic assessment or treatment, and patients who are awaiting further diagnostic assessment and treatment. Use of the HELP mnemonic should not delay a full diagnostic evaluation or definitive therapy if the patient's symptoms suggest a psychiatric emergency, severe impairment, or marked distress.

Adapted from American Academy of Pediatrics. *Addressing Mental Health Concerns in Primary Care: A Clinician's Toolkit*. Elk Grove Village, IL: American Academy of Pediatrics; 2010. Updated May 2017.