



BACKGROUND

- § Pediatric graduates report deficiencies in Developmental-Behavioral Pediatrics (DBP) training in areas such as general behavior problems and depression/anxiety
- § Providers who feel inadequately trained or lack an efficient approach to handle these issues in primary care may avoid addressing these issues altogether
- § First-line treatments for common mental health problems are parent-training

OBJECTIVE

- § To adapt an evidence-based parenting program to teach basic child behavior management strategies and evaluate its effect on residents’ self-efficacy in the identification, treatment and counseling of mental health issues

METHODS

Study Design and Subject Population

- § Pre-post study design
- § All residents participating in a mandatory DBP rotation between August 2007 and January 2010 (n = 96)
- § Examined data from resident self-assessments at baseline and post-rotation

Primary Outcome Measure

- § Self-efficacy (comfort) toward identification, treatment and counseling on mental health issues on a 5-point Likert scale (1 = not at all comfortable, 5 = very comfortable)

Secondary Outcome Measures

- § Self-efficacy talking to parents about childcare and preschool options
- § Correct selection of mental health/behavioral screening tests in primary care practice

Data Analysis

- § Baseline self-efficacy scores examined overall and in relation to being a categorical pediatrics resident, primary care-oriented and being a parent using Wilcoxon-Mann Whitney test
- § Change in group means from baseline evaluated with the Wilcoxon signed-rank sum test

Core Knowledge

- Introduction to Behavioral History Taking & Counseling
- Child Behavior Management & Theory
- Temperament & Attachment
- Identification & Treatment of Common Mental Health Disorders
- Psycho-educational testing

Skill Building

- Screening Primary Care & Behavioral Clinic Patients
- Interdisciplinary Behavioral Clinic Encounters with Direct Observation by Faculty & Resident Self-Reflection
- Resident-Managed Parent Hotline Calls
- School/Daycare Observations & Advocacy

Figure1. DBP Curricular Model at Indiana University

RESULTS

- § Categorical pediatrics residents and those who were parents possessed higher baseline self-efficacy toward identification, treatment and counseling
- § All residents showed significant improvements in self-efficacy regardless of being a categorical pediatrics resident, a parent or primary care-oriented
- § By the end of the rotation, all residents reported feeling comfortable talking to parents about childcare and preschool options
- § All residents showed improvement in screening test selection
- § Similar early trends in resident self-efficacy scores for specific mental health conditions (ADHD, autism spectrum disorders, depression/anxiety, aggression) in a smaller subset of residents (n = 28) when these items were added to the self-assessment in mid-2009

Table 2. Self-efficacy responses on a Likert Five-Point Scale

Item	Categorical Pediatrics		Primary Care Oriented		Parent Status		Combined Sample	
	Pre (n=56)	Post (n=56)	Pre (n=38)	Post (n=38)	Pre (n=33)	Post (n=33)	Pre (n=94)	Post (n=94)
Identification of Mental Health Problems	2.8	4.1*	2.7	3.9*	2.9	4.0*	2.6	4.0*
Treatment of Mental Health Problems	2.6	4.1*	2.3	3.9*	2.7	4.0*	2.4	4.0*
Counseling of Mental Health Problems	2.6	4.1*	2.4	4.0*	2.8	4.2*	2.4	4.1*

Likert Scale: 1=not at all comfortable; 3=neutral; 5=very comfortable

*p≤0.05 by Wilcoxon signed-rank test

LIMITATIONS

- § No randomization into control versus treatment groups as rotation mandatory for all residents
- § No objective data to measure resident assimilation of skills outside of the rotation (for example, into continuity clinic sessions)
- § Unable to correlate primary outcomes to direct faculty observation of residents and parent surveys of resident professionalism due to continuous quality improvement process over the past 4 years

CONCLUSIONS

- § Our curricular model promotes residents’ self-efficacy in the handling of common mental health conditions
- § Increasing residents’ self-efficacy may influence the frequency of active discussion of these types of issues during well-child visits and lead to earlier diagnosis and needed treatment

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