

# *Training Models with Chronically III Children and their Families*

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# The Context

If we loosely define “chronic illness,” **as many as 15% of children** are affected, and prevalence appears to be rising. *Examples:*

- Asthma (the most common)
- AIDS
- Cancer
- Cerebral palsy
- Congenital heart problems
- Cystic fibrosis
- Epilepsy
- Diabetes (Type I)
- GI conditions (e.g., Crohns disease)
- Sickle cell anemia
- Spina bifida



# The Context

- Chronic illness and medical treatments pose **repeated (sometimes *traumatic*) stress** and **interruptions to development**.
- Some conditions and/or treatments are associated with **cognitive impairments** (often Exec Functions)
- *Psychological distress can and does impact health.*
- There are rich **opportunities for promoting behavioral health and preventing conditions**



# The Context

- There are a **continuum of interventions**:
  - ❖ for ***all*** children/families: education, environmental intervention (e.g., daily schedules), screening, parent support;
  - ❖ for children who are ***at risk***: training in coping strategies e.g., for pain); cognitive testing, school consultations, assistance with medical procedures and adherence to medication regimens;
  - ❖ for children with ***identified problems***: diagnosis, psychological/pharmacological interventions



# The Training Landscape

- There are an estimated 65 internship programs in pediatric psychology in the U.S., all of which have **some level of interdisciplinary team training** with chronically ill children and families.
  - There are also post-doctoral fellowships offering **specialization with chronic illness**.
- **Models of training** in behavioral health:
  - ❖ Consultation/liaison by psychology/psychiatry (e.g., Mattel Children's/UCLA)
  - ❖ Co-location (e.g., Children's National, Nationwide)



# The Training Landscape

- **Other healthcare disciplines** commonly training alongside co-located psychologists: child life specialists, medical specialty fellows, nurses/nurse practitioners, nutritionists, pediatric residents, physical therapists, social workers



# Knowledge Competencies (from pediatric psychology)

- 1.2. Has a strong foundation in clinical child psychology including an understanding of **normative, adaptive, and maladaptive child emotional, cognitive, social, and behavioral development in the larger context of developmental expectations and caregiver behavior** (i.e., family, schools, peers)
- 1.3. Has knowledge of **biological, cognitive, social, affective, sociocultural, and life span developmental influences on children's health and illness, including mechanistic and mediational pathways**
- 1.4. Understands **pediatric acute and chronic illness, injury conditions, and medical management from the medical literature, including the effects of disease process and medical regimen on child emotional, cognitive, social, and behavioral development**

(Palermo et al. 2014)

# Knowledge Competencies (cont'd)

- 1.5. Has knowledge of the **role and effect of families on children's health, and of health, illness, and medical management on family functioning**
- 1.6. Has knowledge of the **effect of socioeconomic factors on health and illness, including issues associated with access to care, diversity, and health disparities in children**
- 1.7. Understands **how other systems (e.g., school, health care, state and federal policies) affect pediatric health and illness and a child's adaptation to illness**
- 1.8. Understands **the roles of other disciplines in health service delivery systems**
- 1.10. Has knowledge of the **transition of pediatric patients to adulthood and adult-oriented health care**

# Future Workforce

Will also need “... a new level of integration, communication, and shared decision-making within and outside of a medical setting ...*understanding inter-professional teams and team approaches to both maintenance of health and prevention of disease.*”

(Palermo et al., 2014, p. 5)



# Mechanisms for training

- Administrative meetings
- Clinical (interdisciplinary) rounds
- Psychosocial/Behavioral rounds
- Bereavement rounds
- Role plays
- “Curbside” consults
- Patient consults
- Observations, modeling
- Lectures, seminars
- QI activities



# Innovations

- **New populations** (e.g., food allergies, eczema, immunodeficiency disorders – Children’s National)
- **Multidisciplinary inpatient or intensive outpatient programs** (e.g., pain – Boston Children’s, Mayo Clinic; GI rumination disorders – Nationwide Children’s)
- **Automatic behavioral health consults** (e.g., new patients in burn unit, intensive care unit – Nationwide Children’s)
- **QI activities** (e.g., medical providers screening for depression in diabetes patients – Children’s National)
- **Early exposure** (e.g., Big Brothers/Big Sisters for oncology patients with medical students, Children’s National/GWU - not sustained)

# Outcomes

- *In general, it is possible to measure outcomes such as:*
  - # of consults, referrals for services
  - changes in length of hospital stay, usage of some medications
  - changes in language/communication about behavioral health
  - graduates' training practices and models of care
  - qualitative feedback from families and professionals
    - per Dr. Maureen Monaghan at Children's National: *Qualitative interviews with medical providers using a psychosocial screening tool for depression has impacted their management of patients.*  
*“...they feel that being trained to use a validated depression screener ‘catches’ more patients at risk for mental health concerns than typical clinical discussion and offers the provider the opportunity to ask more probing follow-up questions...The providers became more comfortable with mental health discussions over the duration of the screening period...”*

# Sustainability

- Consult-Liaison can be supported through patient billing.
- Co-location can be supported through medical specialty revenue **and** billing for behavioral health (including Health & Behavior codes).
- Grant funding (including for research) may augment salary support, and behavioral health **research can be a driver** for co-location and integrated training opportunities.
- ***Training in behavioral health creates an appetite/expectation for it in future positions.***

