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

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

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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