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Transforming Children’s Mental Health Services by Training Pediatricians as “First-Responders”

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ABSTRACT

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c/o The REACH Institute

Background: Given the urgent workforce shortages of child mental health specialists, the US Surgeon General issued a call for primary care providers (PCPs) to become “first responders” for pediatric mental health disorders. Unfortunately, pediatric residencies do not prepare graduates for this role, and continuing medical educational (CME) efforts use teaching methods that do not produce PCP practice changes (e.g., passive learning/lectures).^{1,2} Ironically, decades of basic behavioral science research have identified effective methods for behavior change in diverse populations;^{3,4} yet these proven methods have rarely been used to help PCPs meet our growing needs for child mental health services.

Aims: To apply proven behavior-change strategies within a PCP-focused curriculum to teach evidence-based diagnostic/treatment methods for common childhood mental disorders.

Methods: Since 2006, the non-profit REACH Institute (www.TheReachInstitute.org) has convened child/adolescent psychiatrists, pediatric leaders, education experts, and behavior scientists to apply basic science-guided behavior change methods within an novel primary care mental health curriculum to help PCPs provide evidence-based child mental health care.

Results: To date, over 2200 PCPs have completed REACH’s 6-month-long “mini-fellowship” in pediatric mental health. As a result, over these PCPs’ careers, more than one million children who ordinarily would not have received mental health services will receive them, often in areas of the country where no other care is available. Multiple studies, including an NIMH-funded RCT, have demonstrated the impact of REACH’s training methods on PCPs’ application of evidence-based diagnostic and treatment procedures, as well as cost-savings and reduced use of medications.

Conclusions: Basic-science- and adult-education-guided training methods are effective in producing major practice changes among PCPs. If broadly deployed, these methods can address workforce shortages and facilitate application of E-B practices for children with mental illnesses. REACH has now developed a successful “train-the-trainers” program, creating regional training teams to assist local PCPs in applying E-B child mental health practices.

METHODS

Background of Course Development

- Initial curriculum and the essential skills needed by PCPs were identified by a national steering committee of pediatric leaders, child & adolescent psychiatrists (see author list), first organized via the REACH Institute in 2006.
- Training methods were informed and guided by basic behavioral change scientists and the Unified Theory of Behavior (UTB) (see author list).
- Training strongly focuses on skill mastery and application to practice (i.e., behavior change).
- 16 hours of initial face-to-face training is followed by 6 months of bi-weekly small group conference calls to problem-solve and facilitate adoption and maintenance.

Face-to-Face Course Content 16 total CME hours

- 25-50 learners, 4 faculty (2 pediatricians, 2 child & adolescent psychiatrists)
- Focuses on comprehensive assessments & differential diagnosis of common conditions: Anxiety, Depression, ADHD, Oppositional and Conduct Disorders
- Live practice (role plays) in interviewing and communication tools, shared decision-making, and use of symptom rating scales
- Practice in developing comprehensive treatment plans, including identifying therapy resources
- Safe and effective use of medications

Follow-up Phone Calls Course Content 12 total CME hours

- Calls are co-facilitated by 2 faculty: 1 pediatrician, 1 child & adolescent psychiatrist
- Learners take turns presenting one of their own challenging cases to a small group of peer learners (8-10 individuals)
- Peer group is encouraged to assist the case presenter by problem-solving, support, and applying the skills they initially learned at the face-to-face meeting

RESULTS

Impact of Training

After training...

- ...participants show large gains in self-assessed competence and confidence in evaluating and managing ADHD, depression, anxiety, and disruptive disorders⁵⁻⁶
- ...claims data & chart review analyses of participants’ patients show reduced use of medications, increased use of rating scales, and cost-savings of \$120/patient after 12 months⁶⁻⁷
- ...studies of the impact of this training approach demonstrate greater gains in self-assessed competence and confidence than other “typical” CME programs,⁸ and greater gains than achieved by pediatricians’ use of a state-wide phone consultation program.⁹

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