ABSTRACT

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

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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 NI MH-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 MDs (Peds initial, “train-the-trainer”) were trained over 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 pediatrics, 2 child & adolescent psychiatrists)
- Focusses on comprehensive assessments & diagnostic knowledge 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

Call Follow-up Phone Calls Course Content
- 12 total CME hours
- Calls are co-facilitated by 2 faculty: 1 pediatrician, 1 child & adolescent psychiatrist
- Participants 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 disorders
- • 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 months
- • studies of the impact of this training approach demonstrate greater gains in self-assessed competence and confidence than other “typical” CME programs, and greater gains than achieved by pediatrics’ use of a state-wide phone consultation program.

REFERENCES