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Research Methods Core Projects

RMC 1 A: Common Factors and Children

Lead: Russ Horwitz, Sarah Polk
Collaborators: Kate Fothergill, Debra Roter, Heather Winegrad, Larry Wissow

This study initially set out to investigate the impact of language discordance between provider and parent on communication, and it has expanded to examine the ability of school-aged children to participate meaningfully in health maintenance visits. Stimulated recall interviews were conducted with children to learn about what parts of the visit they found engaging and where there were opportunities and barriers to their participation. Interviews were analyzed around themes related to common factors, and visits were coded using RIAS (the Roter Interaction Analysis System).

Status: We found that children anticipated positive interactions with their doctor, but at the same time were uncertain about the appropriateness of offering their own opinions or of providing information that the doctor needed. They were also ambivalent about the presence of their parents and would have liked opportunities to speak alone with their doctor. A manuscript is ready for submission.

RMC 2 A: Redesigning Practice to Facilitate Planned Care: Measuring Provider and Practice Work in Pediatric Primary Care

Lead: Eric Slade
Collaborators: Kate Fothergill, Anne Ruble, Larry Wissow, Waleed Zafar, Rachel Zelkowitz

This project had two main objectives: 1) to understand PCP’s decision processes around delivery of mental health services and perceptions of work involved, and 2) to use the findings to design and pilot a resource based relative value scale to quantify workload in providing mental health care.

Status: In Phase 1 we interviewed primary care providers (PCPs) to assess their perceptions of how they assess child mental health problems and of various factors that may complicate the assessment process. Common themes were extracted from the interviews and summarized in a manuscript currently under review. In Phase 2, we used the Phase 1 findings to develop a work survey, which includes 11 brief case vignettes. 58 PCPs were asked to rate the work values of the vignettes on an ordinal scale anchored by a reference case, which describes a child with probable ADD/ADHD and no other complicating factors. We found that vignettes involving problems with depression were assigned greater overall workload on average as compared to vignettes involving ADHD. In addition, family psychosocial issues, psychiatric co-morbidity, and medical co-morbidity all increased workload, independent of mental health diagnosis. The results of the survey were summarized in a manuscript that we are optimistic will be accepted soon.
RMC 2 B: Identifying Psychosocial Treatments Appropriate For Use by Pediatric Primary Care Providers

Lead: Prerna Arora
Collaborators: Kimberly Becker, Sharon Stephan, Larry Wissow

The aim of this project was to examine PCPs’ perceptions of criteria important to the adaptation and use of psychosocial interventions to address the needs of youth in pediatric primary care settings. Specifically, this project sought to better understand the characteristics of treatments that would be most appropriate for inclusion in pediatric PCP training or most easily adopted into pediatric primary care practice.

Status: We surveyed PCPs on their perceptions of criteria relating to the primary care setting, training and comfort, and patient and family characteristics that would impact their use of psychosocial interventions. We also examined whether PCP perceptions of these criteria differed based on PCP beliefs and attitudes toward addressing psychosocial interventions. PCPs reported the following factors as most critical when considering selection of psychosocial interventions: implementation time, applicability to multiple disorders, and ease of use. Also important were generalizability to different clients, ease of learning, and the ease of client uptake and implementation. Variations in responses based on provider beliefs and attitudes about addressing psychosocial conditions in youth, as well as provider and practice demographic characteristics, were also found. The work was presented as a poster presentation at the NIMH/Academy Health Dissemination and Implementation Conference in December 2014. A manuscript summarizing the results from this study is under review.

RMC 3 B: Using a Web-Based Screening Tool to Assess Mental Health-Related Problems in Adolescents

Lead: Anne Gadomski
Collaborators: Kate Fothergill, Cece Gaffney, Ardis Olson, Barry Solomon, Larry Wissow

The goal of the study is to better understand how primary care providers use a comprehensive pre-visit electronic screen during health maintenance visits with adolescents and to examine the impact of using the screen on within visit processes such as PCP counseling, engagement of adolescents, etc.

Status: This study was completed at two primary care sites, one urban and one rural. Visits without pre-visit screening were compared to visits where the teen completes a comprehensive screener. Visit audio recordings were RIAS coded to reflect key visit tasks: information giving, information gathering, and discussion of adolescent health topics. Teens completing the DartScreen offered more psychosocial information, and mental health was discussed more after the DartScreen. There was no difference in the discussion of somatic and substance abuse topics. The results have been published in the Journal of Adolescent Health.
Principal Research Core Projects

PRC 1: A Common Factors Treatment Program for Children with Anxiety

Lead: Bruno Anthony  
Collaborators: My Bahn, Matt Biel, Larry Wissow

The goal of this project is to examine the impact of providers’ training in and use of common factors (CF) techniques to enhance family involvement in “usual care” for anxiety problems and improve child outcomes. The project consists of three phases:  
Phase 1: Develop a CF treatment program (CFTP) intervention consisting of (1) primary care provider (PCP) training, (2) engagement/empowerment session scripts for use by PCPs, and (3) a pocket guide for applying engagement/empowerment principles.  
Phase 2: Feasibility testing.  
Phase 3: Pilot intervention by randomly assigning PCPs to an intervention group receiving training in CFTP, with or without general anxiety treatment guidance, or a treatment as usual group (TAU).

Status: Phase 1 and Phase 2 are complete. Phase 3 is underway at the Outpatient Pediatric Clinic at Georgetown University, testing the impact of CFTP on the treatment by PCPs of 6-11 year olds presenting with moderate anxiety problems.

PRC 2: Treating Childhood Anxiety in Primary Care

Leads: Golda Ginsburg  
Collaborators: Kelly Drake, Heather Winegrad, Kate Fothergill, Larry Wissow

This project aims to test the feasibility of a common treatment elements intervention for childhood anxiety in the primary care setting. The intervention is based on the principles of cognitive behavioral therapy. The overall project consists of two phases, both of which have been completed:

• Phase 1: A qualitative phase to get feedback on the intervention design from PCPs
• Phase 2: An open pilot test of the intervention

Status: Phase 1 focused on soliciting information about current practices, PCP interest and motivation, feasibility, suggestions for training, and barriers to anxiety treatment in the primary care setting. Based on PCP feedback, an intervention modeled after the Asthma Action Plan was developed. As recruitment for Phase 2 began, the investigators also developed and refined a training plan for the resulting “Anxiety Action Plan (AxAP).” Phase 2 culminated in an overall sample of 17 PCPs and 25 children. Results indicated that PCPs were very satisfied with the training sessions and felt it was relevant and feasible to implement in their practices. PCPs’ level of confidence implementing the treatment significantly increased after the training and after completing the intervention with families. Parents reported that working with their PCP was the most helpful aspect of the intervention. In terms of child outcomes, overall, parents reported a general reduction of anxiety symptoms in their children from pre- to post-treatment. A manuscript is under review. We are currently replying to reviewer comments and are optimistic that it will be accepted soon.
Center-Related Projects

Psychopharmacology

Lead: Mark Riddle
Collaborators: Susan dosReis, David Pruitt, Gloria Reeves

This project aims to enhance pediatricians’ capacity to prescribe and manage psychotropic medications. At the AAP’s request, this project developed a way to select basic psychotropic medications for use in primary care. Summaries of the early conceptual framework and practical guidelines are currently available on the Center website.

Status: The current focus of this project is development of materials for dissemination. The conceptual framework and basic building blocks for the proposed approach are complete and are described in two book chapters published by the American Academy of Pediatrics. Based on this framework, a detailed set of web-based training modules and a manual are being developed with the AAP Press. In addition, in conjunction with the AAP, we will pilot selected modules via webinars and live presentations. Also, we recently surveyed over 200 pediatric residents in the Baltimore area regarding need for and barriers to assessment and treatment of children with ADHD, anxiety, or depression. The results of this survey will inform further dissemination efforts regarding the safe and effective management of psychotropic medications in pediatric primary care.

Integrating Mental Health and HIV Care in Ethiopia

Leads: Larry Wissow

This project, part of the CDC-funded Hopkins PEPFAR grant (Andy Ruff, PI), involves working with Ethiopian mental health professionals and administrators to develop training and support for HIV care providers to detect and respond to common child and adult mental health problems. This project has helped the Center develop contacts at WHO and elsewhere in Africa so that we can be in touch with the larger global movement to integrate mental health and primary care.

Status: The CDC funding for the project ended earlier in 2014, but we were able to gather funds and finalize all the IRB approvals and are now analyzing evaluation data (both qualitative and quantitative). The data will help us understand which patients are being identified as having MH problems, the types of treatments being offered, and will provide limited but useful comparisons of screening instruments and between trained and untrained providers. Initial results suggest that trained providers increased their ability to detect adult mental health problems, especially anxiety among women. The data collection is now complete and we are preparing a manuscript.
Pediatric Integrated Care Collaborative (PICC)

Lead: Larry Wissow  
Collaborators: Jen Agosti, Kate Fothergill, Mark Rains, Holly Wilcox

This project, funded by SAMSHA’s National Child Traumatic Stress Network, aims to raise the standard of care and improve access to services for traumatized and chronically stressed young children, their families, and communities. We are conducting a series of learning collaboratives to improve prevention and treatment of traumatic stress in primary care and collaboratively between primary care and specialized treatment centers. The Center supports three levels of collaborative activity: 1) a Breakthrough Series (completed in September 2014), 2) two one-year-long Learning Collaboratives, and 3) an Integrated Care Collaborative Group of participants from SAMSHA-NCTSN–funded sites and Network Affiliates.

Status: The BSC focused on developing ways to integrate primary care and trauma care for families with young children, and it included 10 teams of pediatric primary care and mental health partners from across the country. The findings from the BSC have been summarized in a ToolKit, which will be piloted in the current Learning Collaborative. The Learning Collaborative has eleven ‘early-adopter’ partnerships to implement and test components of the Training and Resource Toolkit with the populations they serve, before revising it and releasing it through NCTSN. The Toolkit will support the work of national organizations and local practices working to reduce the long-term negative effects and costs of early trauma exposure.

Maryland Behavioral Health Integration in Pediatric Primary Care (B-HIPP)

Leaders: David Pruitt, Larry Wissow

The Center is partnering with the University of Maryland to support the efforts of pediatric primary care providers in assessing and managing the mental health concerns of patients. BHI PP offers the following services: 1) Clinical telephone consultation, 2) Referral and resource telephone consultation, 3) Continuing education, and 4) Co-location of social workers. BHI PP is supported by funding from the Maryland Department of Health and Mental Hygiene and the Maryland State Department of Education.

Status: Since its inception in 2012, over 400 primary care providers have enrolled in BHI PP or utilized the telephone consultation service. BHI PP has presented at over 120 conferences, community events, and individual practice sites and has fielded over 500 telephone consultations. The team has concluded recruitment for qualitative interviews from stakeholders and PCPs and coding is taking place. In addition, 12-month follow-up questionnaires with enrolled providers are currently being collected. The team continues to conduct extensive outreach activities across the state, with emphasis on underserved areas of Maryland. In the coming weeks, BHI PP will launch a pilot project to offer telepsychiatry consultation services.
National Network of Child Psychiatry Access Programs (NNCPAP)

Leads: Amelia Buttress, Larry Wissow

The Center hosts the website and provides logistical support for the National Network of Child Psychiatry Access Programs (NNCPAP), the state programs that support task shifting of child mental health to primary care through consultation and referral resources.

Status: NNCPAP continues to grow, and now includes programs from 32 states. Representatives from these programs meet via regular teleconference calls to discuss topics including telepsychiatry, guidelines for hiring consultants, and outreach strategies. The Network became a formal 501c3 in the fall of 2014 and has organized a board of 14 members to guide the organization. The presidential initiative of the American Academy of Child and Adolescent Psychiatry (AACAP) has requested that NNCPAP build a resource center focused on integrative care (including mental and behavioral health) in pediatric primary care. The Center continues to administer the Network's website at www.nncpap.org.

Building Mental Wellness (BMW) Learning Collaborative

Leads: Melissa King
Collaborators: Larry Wissow

The Center is testing the implementation of our common factors and common elements approaches as part of the Ohio Building Mental Wellness Learning Collaborative, a statewide initiative coordinated by the Ohio Chapter of the American Academy of Pediatrics. The project is led by colleagues from Akron Children’s Hospital and Nationwide Children’s Hospital (Columbus). The goal is to support pediatric practices in implementing mental health services, achieving more coordinated and family-centered care, and promoting more positive health outcomes for Ohio children and youth. Participants choose one of two levels of participation: (1) an online learning community or (2) full participation in a Learning Collaborative incorporating regional learning sessions, a Breakthrough Series, and a series of four on-site trainings offered by quality improvement coordinators. The Learning Collaborative began in August 2013, and Center staff are involved in its implementation, monitoring, and evaluation.

Status: Research on outcomes of the Learning Collaborative has begun with the completion of three rounds of in-depth qualitative interviews with a diverse cross-section of participants. Client health outcomes are being measured through a comparison of SDQ scores among cohorts of children/youth enrolled before and after completion of the Learning Collaborative. Service and implementation outcomes are in turn being evaluated using Medicaid claims and a variety of tools including a survey of organizational context (culture, climate, systems/structure, technology). Findings will be combined this summer in a mixed-methods study to explore the role of organizational context in pediatric primary care practice change and to illuminate practice typologies associated with successful service integration. This research is being carried out as part of Ms. King’s PhD thesis research.
Center Pilot Projects

Engaging Youth and Their Families in Mental Health Services: School Nurses as the First Point of Contact

Lead: Kim Becker, Bruce Chorpita, Rachel Kim
Collaborator: Sharon Stephan

This study aims to examine the feasibility, acceptability, and preliminary efficacy of an engagement protocol (EP) delivered by school nurses to enhance follow-through with referrals for mental health services. In January 2014, we trained 6 school nurses serving the Los Angeles Unified School District in strategies to enhance youth engagement in mental health services.

**Status:** The project involved two waves of data collection following school nurse visit during which the nurse and student discussed a referral for mental health services. Wave I included a checklist of engagement practices as well as items related to student engagement in mental health services. Nurses and students completed the same items separately. Following Wave I, nurses received training in the EP. Wave II involved nurses and a new group of students completed the same engagement checklist items as in Wave I. School nurses reported positive attitudes towards the engagement practices, suggesting that they found the practices feasible and acceptable. Though there were small increases in school nurses’ use of engagement practices and in adolescents’ readiness for services following training, due to limited sample size, differences were not statistically significant. Still, pilot results suggest preliminary efficacy of training school nurses to strategically implement evidence-based engagement practices to increase adolescents’ engagement in MHS. This study has been accepted for publication in Advances in School Mental Health Promotion.

Mental Health Training for School-Based Mental Health Providers

**Leads:** Jill Bohnenkamp
**Collaborator:** Sharon Stephan

The goal of this project was to test the conceptual models of the Mental Health Training Intervention for Health Providers in Schools (MH-TIPS) professional development content and process to refine materials for use in a pilot study. Refinement of MH-TIPS curriculum makes it more likely that this curriculum will offer a feasible mechanism for equipping school nurses to better address student mental health issues.

**Status:** All components of the pilot project were completed, leading to a refined MH-TIPS curriculum. The final curriculum has now been implemented with a large cohort of school nurses in California, with analyses of impact currently underway. The curriculum was also just launched online (at www.mdbehavioralhealth.com) to be available for free to school health providers nationally, and is being implemented in person as part of Maryland’s Behavioral Health Integration in Pediatric Primary Care (BHI PPP).

Psychopharmocology Training for Pediatric Residents

**Lead:** Emily Frosch
**Collaborators:** Barry Solomon, Russ Horwitz, Mark Riddle

Our goal is to develop and administer a survey to pediatric residents and continuity clinic preceptors regarding their knowledge, attitudes, perceived skills, and practices related to pediatric psychopharmacology. The findings will inform the development of an educational training program in pediatric psychopharmacology for residents and preceptors.

**Status:** The survey was developed and distributed to all pediatric and med-peds house staff at three local training sites, Johns Hopkins, University of Maryland, and Sinai Hospital. Data is currently being analyzed.
Parents’ Perspectives of the Primary Care Providers’ Role in their Child’s Mental Health Care

Lead: Justine Larson

The aims of this pilot project were two-fold: 1) to explore the factors that influence parents’ perspectives of the PCP’s role in their child’s mental health care, and 2) to examine correlations between these conceptualizations and where and how parents engage in mental health care for their child.

Status: This study is a qualitative analysis examining caregivers’ expectations for pediatricians in regards to behavioral healthcare. 55 parents/caregivers of children seen in an urban primary care clinic at a teaching hospital participated in semi-structured interviews as part of a larger mixed-methods study. Interviews were analyzed using grounded theory methods to identify themes that related to caregivers’ expectations for the PCP and behavioral healthcare for the child or adolescent. Four pertinent themes were identified: expected range of care, components of an effective PCP relationship, action of the PCP, and parent reaction to PCP intervention. There was an overwhelmingly positive response from caregivers when the PCP asked about or conducted a behavioral health intervention, resulting in an enhanced physician-caregiver relationship. While caregivers did not always expect the PCP to provide behavioral health care or ask about behavioral health, caregivers had an overwhelmingly positive response to the PCP engaging around behavioral health concerns. A manuscript entitled “Do parents expect pediatricians to pay attention to behavioral health?” is published in Clinical Pediatrics.

Supporting Parents with Depression in Pediatric Primary Care

Lead: Jill Bohnenkamp

This project developed a caregiver depression intervention tool kit for pediatric primary care providers informed by a literature review and expert consultation. The tool kit contains screening tools for parental depression, a reference sheet on basic facts about parental depression, the effects of parental depression on children, and proposed mechanisms of transmission. It also includes information about the impact of effective treatment on child outcomes and identifies ways parents can promote resilience among their children. Finally, the kit includes information about local mental health resources and supports. A select group of PPC providers will receive the kit and be asked to review the materials. We will assess changes in provider knowledge and practices regarding parental depression. We will also ask about the acceptability/feasibility of providing this information to parents in PCP settings.

Status: 15 pediatric primary care providers have received the toolkit, reviewed materials, and completed pre and post surveys.
Formative Research for Disruptive Behavior Disorder Intervention Development in Rural Nepal

Leads: Matthew Burkey

This project aims to understand the socio-cultural context in which behavior problems develop and parents respond to them among families living in rural Nepal. The long-term objective is to develop and pilot a contextually adapted school- and primary care-delivered intervention for disruptive behavior disorders.

Status: We are finalizing the analysis of the interview data to develop descriptions of ethnopsychological models of disruptive behavior problems. We have developed a locally adapted screening instrument for child behavior problems combining existing tools and context-specific items based on qualitative interview data. We recently started data collection for a validation study of the new tool and a community-based survey to assess behavior problem prevalence and risk factors. We are also conducting a systematic review evaluating the effectiveness of and implementation processes for psychosocial interventions for behavior problems in low- and middle-income countries. Our next steps include piloting a school- and primary care-delivered intervention targeting behavior problems in Nepal that builds on our formative research.

Mental Health Symptoms Presenting in Pediatric Primary Care

Lead: Matthew Biel

This project aims to learn more about how mental health concerns present in pediatric primary care and physicians’ beliefs regarding the provision of mental health care in this setting. In 2011, we completed a literature review of the most common presenting problems related to mental health in PPC and conducted key informant interviews with 7 PCPs using questions consistent with those used in RMC2.

Status: A paper has been published in Academic Pediatrics. We are working on a manuscript describing our experiences training primary care providers in developmental and mental health screening practices.
Center Publications

2008

2010


2011


2012


2013


2014


2015


**In preparation or in press**


Paul L, Wissow L. Multiple chapters on mental health “clusters” for the AAP Textbook of Pediatric Care (in press).