THE CENTER FOR MENTAL HEALTH SERVICES IN PEDIATRIC PRIMARY CARE

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Research Methods Core Projects

RMC 1 A: Common Factors and Children

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

Our goal is to increase the evidence base for the use of common factors in pediatric primary care. While we initially set out to investigate the impact of language discordance between provider and parent on communication, the project 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 appeared to be missing. They were also ambivalent about the presence of their parents, and, similar to adolescents, would have liked opportunities to speak alone with their doctor. Two manuscripts are currently in progress.

RMC 1 B: Measuring Children’s Participation and Response Complexity During Health Maintenance Visits

Lead: Alfonso Bonilla
Collaborators: Susan Larson, Larry Wissow

Mr. Bonilla, from UC Berkeley, joined the Center for the summer as a part of the federally-funded Minority Access to Research Careers (MARC) program. He designed an additional evaluation of the data set regarding school-aged children’s health maintenance visits. Using both transcripts and RIAS data, he created language samples of children’s speaking patterns and analyzed them for participation rate, content, and grammatical complexity. The analysis compared their language output during actual visits with their output during the stimulated recall visits. A number of differences emerged, lending credence to the concern that the context of health maintenance visits may not optimally support child participation.

Status: The analysis continues with a detailed look at the distribution of grammatical features such as tense, conjunction, and pronouns. A manuscript is currently in progress. Mr. Bonilla has returned to UC Berkeley, and we hope to continue our collaboration.
**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 were included in a manuscript that is under review. We have used these themes in the redesign of our primary care mental health training programs. In Phase 2, we used the Phase 1 findings to develop a work survey, which includes 11 brief case vignettes. 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. Work surveys were completed by 58 PCPs. In regression analyses of their workload ratings, 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 currently under review.

**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:** Using survey methodology, we examined PCPs’ 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. Data collection and data analysis is complete. 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 results will be summarized in a manuscript for publication. The work has been accepted as a poster presentation at the NIMH/Academy Health Dissemination and Implementation Conference to be held in December 2014.
RMC 3 A: Feasibility and Impact of Screening with Parents of Children

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

The goal of this study was to evaluate how parents and physicians perceive the utility of a comprehensive, electronic pre-visit screener, and its impact on the visit with young children.

Status: The study found that both parents and providers thought a comprehensive electronic pre-visit screening tool is an acceptable and practical strategy to facilitate well child visits. It may help not only with problem identification, but also with agenda setting, family engagement, and balancing of attention between somatic and psychosocial concerns. The findings are published in Academic Pediatrics (2013).

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. A manuscript is under review.

RMC 3 C: Impact of EMR with Adolescents in Pediatric Primary Care

Lead: Sarika Parasuraman  
Collaborators: Kate Fothergill, Barry Solomon, Larry Wissow

The goal of this study is to examine the impact of using an electronic medical record (EMR), particularly mental health screening within the EMR, affects the processes of organizing the visit, engaging the patient and parent, balancing competing demands of physical and mental health concerns, developing a treatment plan, and intention to adhere to the plan. We will use a number of research methodologies including audio recording primary care visits, surveys administered to adolescent patients, and in-depth interviews with pediatric primary care physicians.

Status: This study was recently approved by the IRB. Patient recruitment is expected to begin soon.
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. Assessments of child anxiety symptoms and adaptive functioning as well as family engagement/activation and burden are collected at baseline, at the end of treatment, and at a 1-month follow-up. As of July 2014, 60 eligible children and families had been screened, and 10 met criteria for enrollment and 8 consented to be in the study. Recruiting continues and has been expanded to additional sites.

PRC 2: Treating Childhood Anxiety in Primary Care

Leads: Golda Ginsburg
Collaborators: Kelly Drake, Heather Winegrad

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 in preparation, and several of the participating PCPs report continuing to use the materials with additional patients.
Center-Related Projects

Psychopharmacology

Leads: 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.

Building Mental Wellness (BMW) Learning Collaborative

Leads: Larry Wissow
Collaborators: Kate Fothergill, Melissa King

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 the implementation, monitoring, and evaluation.

Status: The Center has completed its “train-the-trainer” sessions for local quality improvement coordinators responsible for conducting the on-site trainings in common factors and common elements. We have also completed the first of three rounds of in-depth qualitative interviews with a diverse cross-section of site visit participants. Findings are being combined in a mixed-methods study with outcomes data to explore the role of organizational context in pediatric primary care practice change and to illuminate practice typologies. The latter work is being carried out as part of Ms. King’s PhD thesis research.
Pediatric Integrated Care Collaborative (PICC)

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

This project, funded by SAMHSA’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 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. To date, much has been learned about how to effectively develop a trauma-informed office, how to screen and treat children who have been exposed to trauma, and how to integrate primary care with mental health and other trauma specialists. The findings from the BSC will be summarized in a Toolkit, which will be pilot tested in the first Learning Collaborative, which is scheduled to begin in December 2014.

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

Leads: 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. B-HIPP has four main components: 1) Consultation Service, 2) Continuing Education, 3) Referral and Resource Networking, and 4) Social Work Co-Location. B-HIPP is supported by funding from the Maryland Department of Health and Mental Hygiene and the Maryland State Department of Education.

Status: B-HIPP went statewide in July 2013 and has been steadily growing since. It has over 300 pediatric primary care providers enrolled and has fielded more than 300 phone consultations. To better understand the challenges of providing behavioral health care to children and their families, and to learn about providers’ perceptions of the BHIPP program, interviews were conducted with key stakeholders and PCPs. 12-month follow-up questionnaires with enrolled providers are currently being collected. This upcoming academic year, the program is expanding to include practices in additional underserved areas of Maryland. A team of consultants presented a number of trainings statewide, including Grand Rounds, in-office, and learning community formats (all informed by the Center’s work). In the coming months, focus will be on further developing training initiatives and plans will move forward to conduct a pilot project offering telepsychiatry consultation services.
Project TEACH Evaluation

Leads: Anne Gadomski, Stewart Gabel, Kimberly Hoadwood, Larry Wissow

New York State Office of Mental Health funded Project TEACH (Training and Education for the Advancement of Children’s Health) is a statewide effort to improve primary care provider management of childhood mental health problems. This evaluation project aimed to assess whether Project TEACH was achieving its goals, which are to improve the treatment of mild and moderate child MH disorders in primary care, promote appropriate psychotropic medication prescribing practices, increase access to child adolescent psychiatrists consultation support, and increase linkages within the health care system.

Status: This program evaluation was completed and subsequently published in General Hospital Psychiatry. Analysis of NYS Medicaid claims showed that there were changes in PCP prescribing practices without change in ER, outpatient, and hospitalization utilization by children seeing those PCP.

Integrating Mental Health and HIV Care In Ethiopia

Lead: 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.
Center Pilot Projects

Mental Health Symptoms Presenting in Pediatric Primary Care

**Leads:** 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:** We are currently revising a paper that is being considered for publication. We are working on a manuscript describing our experiences training primary care providers in developmental and mental health screening practices.

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Psychopharmacology Training for Pediatric Residents

**Leads:** Emily Frosch  
**Collaborators:** Barry Solomon, Russ Horwitz, and 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 in an initial paper.

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Patient-Provider Communication Practices in an mhGAP Intervention for Children and Families in 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 beginning analysis of the interview data to develop descriptions of ethnopsychological models of disruptive behavior problems. As a next step, we will assess the prevalence of behavior problems and validate an assessment tool for disruptive behavior problems in the target population. These initial steps will inform the adaptation process and provide valid assessment tools for the planned intervention.
Engaging Youth and Their Families in Mental Health Services: School Nurses as the First Point of Contact

**Leads:** Kim Becker, Bruce Chorpita, Rachel Kim  
**Collaborators:** 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 fall 2013, we recruited 6 school nurses that serve high schools in L.A. Unified School District.  
**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.  
We are currently analyzing data and preparing a manuscript for publication. We also presented the conceptual model of the engagement practices and research at the School Mental Health conference in Arlington, VA in October 2013.

Developing Simple TIPS to Address Mental Health Problems in Pediatric Primary Care

**Leads:** My Bahn

The goal of this study is to develop step-by-step strategies that pediatricians can use with children and caregivers to identify and reduce mental health symptoms in children. In phase 1, various methods of implementing the PSC-17 and 5-item SCARED will be tested to identify prevalent symptoms and formulate treatment-implementation-plan sheets (TIPS) for caregivers of children who exhibit sub- or clinical-level psychiatric problems associated with functional impairment. These TIP sheets will address prevalent externalizing and internalizing symptoms. In phase 2, we will assess the acceptability and feasibility of implementing the TIPS as a package of practical interventions within pediatric primary care settings.  
**Status:** We are in the process of finalizing a package of simple TIPS for use in pediatric primary care settings. We are also beginning to outreach and recruit primary care providers in the Washington DC Metro area to pilot the TIPS.

Supporting Parents with Depression in Pediatric Primary Care

**Leads:** Jill Bohenkamp

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:** 10 pediatric primary care providers have received the toolkit, reviewed materials, and completed the pre-survey.
Mental Health Training for School-Based Mental Health Providers

Leads: Jill Bohenkamp
Collaborators: 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:** School nurse expert advisors participated in semi-structured interviews organized around validation of the MH-TIPS process and content. A focus group of school nurse practitioners provided feedback on the MH-TIPS process and content using a nominal group decision-making process. In addition, all participants completed a quantitative survey. The full MH-TIPS curriculum has been developed based on this pilot study and is currently being piloted with school nurses in Maryland and California.

Parents’ Perspectives of the Primary Care Providers’ Role in Their Child’s Mental Health Care

Leads: 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:** A brief report entitled “Are Pediatricians Doing More Family “Therapy” Than They Realize? Changing Families Through Single Encounters” has been published in *Clinical Pediatrics*. It describes several cases that demonstrate that pediatricians can have a clinical impact through brief therapeutic encounters. Qualitative analyses of how families experience receiving behavioral health care from their pediatrician are now complete, and a manuscript describing these results is currently in review. Four pertinent themes addressing parents’ expectations for the PCP and their role in behavioral healthcare were identified: expected range of care, components of an effective PCP relationship, action of the PCP, and parent reaction to PCP intervention. Forty-seven percent of caregivers saw the PCP role as strictly for physical health care, while 53% expected the PCP to have a role in both physical and behavioral health. 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. The study concludes that 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.
Center Publications

2008

2010


2011


2012


2013


Adolescent Psychiatry, 52(11):1134-1147.

2014


In preparation or in press


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