Dear Center Members and Friends,

Year 3 is gearing up to be very busy. All of the Center’s core projects are under way, and we are beginning to explore the findings from the work conducted in Years 1 and 2.

Along the way, we have welcomed new faculty and researchers to the Center, enriching our foundation of knowledge and expertise. We have also had the good fortune to collaborate on and develop additional, related projects to further the Center’s scope of work.

The purpose of this newsletter is to provide a summary of our progress to date.

- Larry and the Executive Committee
♦ Research Methods Core Projects ♦

RMC 1 — Common Factors and Children

Leads: Sarah Polk, Larry Wissow
The goal of RMC 1 is to increase the evidence base for the use of common factors in pediatric primary care by investigating which factors generate trust and connection among pediatricians, parents, and pediatric patients. We will also investigate the impact of language discordance between providers and parents on communication between providers and pediatric patients.

We will recruit African-American, Caucasian, and Spanish-speaking Latino parent-child pairs from the Children’s Medical Practice at Johns Hopkins Bayview Medical Center and videotape their visits with a pediatrician. Using these videotapes, we will then conduct stimulated recall interviews to ask the children about what parts of the visit they did or didn’t like. We will analyze these interviews for themes surrounding the use of common factors, assessing how race/ethnicity and parent-provider language discordance affect these preferences.

Status: The protocol has been submitted to the IRB, and we are awaiting approval.

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

Leads: Eric Slade, Waleed Zafar, Larry Wissow, Rachel Zelkowitz, Kate Fothergill
This project has two main objectives. In Phase 1, we aim to understand PCPs’ decision processes around delivery of mental health services and perceptions of work involved. The aim of Phase 2 is to use the findings from Phase 1 to design and pilot a survey using a resource-based relative value scale to quantify workload in providing mental health care.

Results: Zafar recently led an analysis of data from 21 qualitative interviews conducted with primary care providers between April and September 2011 (Phase 1). Interviews explored providers’ perceptions of the workload required for management of emotional, behavioral, and mental health (EBMH) problems in primary care. Most of the providers indicated that management of EBMH problems requires extra time beyond the time allotted for a routine visit. The extra time needed for management of EBMH problems was attributed to the need to process psychosocial context, provide brief counseling, and arrange referral to specialist care. Providers also reported that EBMH problems require similar time and effort to manage as compared to complex chronic physical conditions such as asthma or diabetes. These results are reported in Zafar’s doctoral dissertation and are being used to inform the design of the survey on primary care provider workload that will be used in Phase 2.
Zelkowitz also led an analysis of data from 10 qualitative interviews conducted with pediatricians (N=5) and primary care-based social workers (N=5). These interviews focused on the process of engaging youth in specialty mental health care. Providers endorsed the importance of shortages of specialty mental health care providers and other structural barriers. Social workers also highlighted the importance of stigma and other non-structural barriers. Both types of providers described their strategies for presenting mental health referrals to youth and families and helping them overcome barriers to engagement. Zelkowitz is developing a manuscript based on these results.

**Status:** A survey on primary care provider workload required for management of EBMH (Emotional, Behavioral, and Mental Health) problems will be piloted for Phase 2.

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**RMC 3 — Improved Clinical Information System: Using a Web-Based Screening Tool to Assess Mental Health-Related Problems in Pediatric Primary Care**

**Leads:** Anne Gadomski, Ardis Olson, Barry Solomon, Cecelia Gaffney, Larry Wissow, Kate Fothergill

The first RMC3 study evaluated the acceptability of a pre-visit electronic screener designed to comprehensively assess children’s physical and mental health using a mixed-methods study design. 120 English-speaking parents were recruited from three primary care systems (urban MD and rural NY, VT, NH) when they presented for a well child visit with a child 4 to 10 years of age. Parents completed an electronic pre-visit screen (handheld or computer) which included somatic concerns, health risks, and four mental health tools (SCARED, PHQ-2 and SDQ Impact questions that, if positive, led to the PSC). A summary report was provided to the PCP and parent at the start of the visit. All parents completed an exit questionnaire, and a subset (12 urban, 12 rural) participated in a follow-up phone interview soon after the visit. All participating PCPs (15) participated in follow-up interviews.

**Results:** Of the children (using their parents’ responses) screened, 57% were at rural sites, and 48% were female. The screener found 13% positive on the SCARED, 13% positive on the SDQ Impact, and 6% positive on the PSC. Just over 6% of parents were positive on the PHQ-2. Twenty-five percent of parents reported having a concern about their child’s behavior, mood, fears, or worries that they’d like to discuss with their doctor.

The exit survey showed the majority of parents agree or strongly agree that the screener was a good way to ask routine questions (92%), maintained confidentiality (87%), and was secure (89%). During interviews, parents noted that the screener helps with recall, validates concerns, reframes issues and raises new questions. PCPs felt that the screener enabled them to avoid the ‘door knob’ question, set priorities, normalize sensitive issues like weight or mental health issues, and be comprehensive during the visit. Parents and PCPs agreed that the screener promotes a focus on areas of greatest importance, guides discussion, and allows for in-depth exchange during the visit. The electronic format and the comprehensive approach were felt to be efficient and
productive. Findings were consistent across quantitative and qualitative methods and between parents and PCPs.

This comprehensive electronic pre-visit screening tool is an acceptable and practical strategy to facilitate well child visits. Parents and PCPs believe a screening tool facilitates agenda setting, enhances engagement and promotes discussion of mental health and emotional issues.

**Status:** Manuscript preparation is underway and further exploration of the use of a comprehensive screener will be conducted in the next RMC3 project described below.

**Presentations:**
Anne Gadomski will be conducting a platform presentation of the abstract entitled “Assessing the impact of an electronic comprehensive somatic and mental health screening tool in pediatric primary care” at the Pediatric Academic Societies (PAS) meeting in Boston on April 28, 2012.

Kate Fothergill will be presenting the study findings in a poster, “Assessing the acceptability of an electronic screening tool in pediatric primary care,” at the Society of Behavioral Medicine Conference in New Orleans on April 12, 2012.

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

**Leads:** Anna Gadomski, Ardis Olson, Barry Solomon, Larry Wissow, Kate Fothergill

The second RMC3 study evaluates whether the comprehensive teen screener for ages 15-19 will:
- Facilitate discussion of sensitive issues, since the teen will have already revealed the concern and the PCP will not have to delicately inquire or remember to inquire
- Facilitate the prioritization of concerns so that neither somatic nor mental health concerns overtake other concerns (for both patient and PCP)
- Help PCPs target their advice to appropriate concerns (as the teen is better able to present the issues, which are prioritized and less murky)
- Improve adolescent and parental engagement in a treatment plan (through increased recognition of the problem, increased understanding of the treatment options, and encouragement from PCP about the value of treatment)

These study hypotheses involve the patient (teen), the parent, and the PCP, and will be measured by examining how time spent in the visit shifts from data gathering to counseling, advice, and collaborative planning. Visits without pre-visit screening will be compared to visits where the teen completes a comprehensive screener and the results are given to the PCP. The study will involve several sites, including urban and rural clinic settings, and will begin recruitment in June 2012 and be completed by September 2012.

**Status:** The project team is currently preparing the IRB applications.
PRC 1 – A Common Factors Treatment Program for Children with Anxiety

Lead: Bruno Anthony

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 intervention consisting of (1) primary care provider training designed to increase understanding of and satisfaction with strategies to enhance family/youth empowerment and engagement, including youth-parent communication; (2) engagement/empowerment session scripts for use by primary care providers when meeting with families; and (3) a provider pocket guide for applying engagement and empowerment principles

- **Phase 2**: Feasibility testing of intervention

- **Phase 3**: Pilot test the intervention by randomly assigning primary care providers to one of two groups: (1) a group that will receive training in CFTP and implement program with their usual anxiety guidance; or (2) a treatment as usual (TAU) group.

**Status**: The PRC1 study is now part of the Georgetown Pediatric Primary Care Research Group (GPPCRG), a collaboration of researchers from the Departments of Pediatrics and Psychiatry and the Center for Child and Human Development. We have developed a research clinic within the Children and Youth Ambulatory Services (CYAS) Clinic at Georgetown University, led by Janelle Clauser, M.D., which serves as a site to pilot different aspects of the process of addressing mental health issues in primary care.

Three foundational steps for the PRC1 have been completed: (1) My Banh, PhD has joined the GPPCGR with positions in both Psychiatry and the GUCCHD, focused on the development of the screening protocol for PRC1. Caregivers bringing their children to the research clinic now routinely complete the short version of the PSC (PSC17) and the Screen for Child Anxiety Related Disorders (SCARED). Pilot data collection has been ongoing to determine cut-off scores to be used to identify subjects for both the feasibility and pilot test of PRC1. We have also connected with the technical staff at MedStar EMR to incorporate the screening protocols into their system. (2) Dr. Banh and Sandra Soto, RN, MPH, have been developing and piloting standard guidance for medical staff to present to families with a child identified with anxiety issues. (3) Finally, a 4-module training protocol for primary care providers entitled “Treating Behavioral/Emotional Difficulties of Children in Primary Care” has been developed, focusing on CF necessary to provide systematic, effective and efficient approaches to behavioral/ emotional problems within the constraints of practice. Outlines of the four modules—rationale, common engagement strategies, screening and interpretation of results, and responding to behavioral and emotional concerns—have been rated for relevance and feasibility by more than 15 providers and 15 family members through a modified Delphi procedure. The consensus process is ongoing. In addition, components of the training have been piloted with 12 PCPs through another grant-supported project of the GPPCRG, *Improved Early Identification of Autism in Latino Children* (R40 MC 20171-01).

**Status**: Two providers within the CYAS have agreed to participate in the feasibility trial, and recruitment of 5 providers for the pilot is ongoing. In the future, we hope to conduct an even larger trial of the intervention, potentially incorporating components of the common elements intervention. We expect to submit an R21 application in June 2012.
PRC 2 — Treating Childhood Anxiety in Primary Care

Lead: Golda Ginsburg
This project aims to test the feasibility of a common elements treatment intervention for childhood anxiety in primary care. The intervention is based on the principles of cognitive behavioral therapy. The overall project consists of three phases:

- **Phase 1**: A qualitative phase to get feedback on the intervention design.
- **Phase 2**: An open pilot test of the intervention.
- **Phase 3**: A randomized controlled trial of the intervention versus treatment-as-usual to reduce youth anxiety.

**Status**: Phase 1 has been completed. It focused on questions about current practices, PCP interest and motivation, feasibility, suggestions for training, and barriers to anxiety treatment in primary care. Responses revealed that there is interest in treating anxiety in pediatric care, but that providers are not confident, lack training, and confront barriers such as time and billing complications. Using these responses, a PCP-friendly intervention model was developed to be used in Phase 2. This model, “The Anxiety Action Plan,” includes a 3-hour training of PCPs in Cognitive Behavioral Therapy-based interventions that can be conducted with a family in the space of 15-20 minutes in person or by phone.

IRB approval to begin Phase 2 was obtained March 6, 2012. We are currently recruiting physicians from Johns Hopkins-affiliated sites in Baltimore, training them in CBT anxiety-treatment elements, and collecting data as they implement these interventions with patients in their care.

♦ Center-Related Projects♦

Psychopharmacology

Lead: Mark Riddle
Other Center Faculty: Susan dosReis, Gloria Reeves, and David Pruitt
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 presented in a chapter of a textbook that will be published by the American Academy of Pediatrics in 2013. The chapter is being revised in response to suggestions by several relevant committees and components of the AAP. The Center’s website will then be updated to reflect these changes. Based on this framework, a detailed set of training modules and a manual are being developed with the AAP Press; this will be the major focus of our effort over the next year. In addition, in conjunction with the AAP, we will pilot selected modules via webinars. The ultimate goal is to disseminate knowledge for the safe and effective management of psychotropic medications in pediatric primary care.

Use of Common Elements to Design Decision Aids for Joint Parent-Provider Use

Lead: Sandra Soto
This project aims to design materials (paper and web-based) that could be used jointly by parents and providers to pick appropriate interventions for child mental health problems they have identified. The materials would also serve as educational tools to help with implementation of the plans at home.

**Status**: Grant application in preparation.
Operations Core

**Lead: Marco Grados**
The goal of the operations core is to ensure dissemination of Center findings, involve students and faculty (particularly those from minority groups) in the Center’s work, and keep faculty abreast of developments in mental health and primary care services research.

**Status:** The Center seminars for Spring 2012 have focused on current project updates, and we are also working with Bruno Anthony and his team at Georgetown University to participate in a seminar focused on implementation. The OC continues to update the Center’s website with events, project reports, and other news. Also found in the collaborator’s section of the website are recordings and PowerPoint presentations from past seminars.

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. It will also provide valuable training for the Center investigators in program implementation and evaluation.

**Status:** The first implementation phase began in May 2011. The training manual is being printed and will be available later this fall, at which point the evaluation phase will begin.

Common Factors Training for School Nurses

**Lead: Sharon Stephan**
In collaboration with Jane Foy and the North Carolina school mental health program, a common factors training is being adapted for school nurses. It focuses on their interactions with children and youth, as well as those with teachers. The overall goal of the proposed study is to develop and document the feasibility, acceptability, and impact of an in-service training and support system for enhancing school nurses’ capacity to manage the needs of students with or at risk for emotional and/or behavioral difficulties that interfere with learning. The adapted materials were revised after a second round of reviews by school nurses in North Carolina. The training materials are now fully packaged and include a series of eight modules, with accompanying PowerPoint presentations, facilitator notes, and vignette scripts.

**Status:** A grant proposal to the Institute of Education Sciences (IES), Special Education Research Grant Program, was not funded, though it received a good score and excellent reviews. The proposal will be revised and resubmitted to IES in June, 2012. In the meantime, we continue to work with the National Association of School Nurses to consider mechanisms for supporting school nurses' role in addressing student mental health. Dr. Stephan is also working closely with the National Assembly on School-based Health Care (NASBHC) to advance mental health training for those serving students with mental health needs. Dr. Stephan will also be leading the school arm of Maryland's psychiatric consultation to pediatricians and health providers.
National Network of Child Psychiatry Access Programs (NNCPAP)

Lead: Larry Wissow, Rachel Zelkowitz
The National Network of Child Psychiatry Access Programs continues to grow, and now includes programs from more than 25 states. Representatives from these programs meet via regular teleconference calls to discuss topics including funding opportunities, generating enthusiasm for the programs among parents and primary care providers, and collecting baseline data for future program evaluation efforts. The Center continues to host the Network’s website at http://web.jhu.edu/pedmentalhealth/nncpap.html.

Status: Recently, NNCPAP funded the Center to develop a compendium of the tools used at individual programs to solicit consultations, monitor referrals, and evaluate the programs’ impact on factors such as primary care provider comfort with mental health care and parent satisfaction. The goal is to develop guidelines for best practices on program data collection. The Center will also produce detailed descriptions of each state’s program to share their “lessons learned” in establishing psychiatric consultations for pediatric primary care.

Enhancing the Effectiveness of Mental Health Screening

Lead: Karen Hacker
This project is a Center collaboration with the Cambridge Health Alliance (CHA) in Massachusetts, where providers have been using the Pediatric Symptom Checklist to systematically screen all patients presenting for well-child visits for the past several years. The CHA team aims to use a common factors training to help providers discuss screening results with parents and youth. Dr. Hacker received a pilot grant from the Bennett Foundation in Boston to support the development of the training materials. The research team met over the summer and conducted interviews with providers to guide the project. The result of the interviews was a combined psychiatry-pediatrics “grand rounds” where the interview findings were presented and a variety of ideas generated for improving screening and referral practices.

Status: Progress is being made on several fronts. First, a paper describing the interview findings is being written. Second, a modified Delphi process following up on suggestions and issues raised during the “grand rounds” discussion is being conducted with the aim of prioritizing possible interventions. Finally, CHA has received an R21 from NIMH to conduct further secondary data analysis of screening data – including Massachusetts Medicaid data. Work on this analysis is under way.

Children of Maryland/Mental Health Advocates Together (COMMHAT)

Lead: Larry Wissow
The Center supports the work of COMMHAT, a joint effort of the Maryland Chapters of the American Academy of Pediatrics and American Academy of Child and Adolescent Psychiatry, along with Parents’ Place of Maryland. Last year, COMMHAT and the Behavioral Health subcommittee of Maryland AAP put on two primary care mental health training sessions in Hagerstown, Maryland, chaired by Dr. Ken Tellerman.

Status: This spring, on April 21, COMMHAT will host a “Western Maryland Child Mental Health Summit Meeting” with the aim of developing primary care-mental health partnerships and encouraging more primary care practitioners to develop their mental health skills. For more information: http://web.jhu.edu/pedmentalhealth/COMMHAT.html.
2010-11 Center Pilot Projects

Pilot – Emergency Medical Services Use for Mental Health Issues Among Children: The Role of Primary Care Providers

Lead: Amy Knowlton
This project aims to examine demographic, temporal, and geographic patterns of Baltimore emergency medical services (EMS) use for mental health or behavioral issues among youth. A second aim is to explore frequent EMS use among youth affected by mental illness, specifically costs associated with their care, barriers to care, and the role of PCPs and other gatekeepers in facilitating access to care. Last fall, we conducted quantitative analysis of EMS data from 2008-10 and presented our findings to fire department officials. Results indicated that frequent vs. non-frequent patients 5-17 years were more likely to be African American, female, and have signs of mental health concerns (25% among frequent patients vs. 11% among non-frequent) and asthma (60% frequent vs. 27% among non). Status: We are currently in the process of preparing a paper for publication of the results.

Pilot – Mental Health Symptoms Presenting in Pediatric Primary Care

Lead: Matt Biel
This project aims to learn more about how pediatric mental health concerns present in primary care and physicians’ beliefs regarding the provision of mental health care in this setting. We hope to build on other Center projects by implementing mental health screening and pilot-testing the PRC interventions. In 2011, we completed a literature review of the most common presenting problems and concerns related to mental health in pediatric primary care and conducted key informant interviews with PCPs (4 at Unity Health Care in DC, 3 at Georgetown Pediatrics) using questions consistent with those used in RMC2.

Status: We are moving forward on a “Presenting Problems” paper by working with a data set containing parents’ and caregivers’ responses to the Strengths and Difficulties Questionnaire (SDQ). We hope this data, combined with information gathered from the completed literature review, will help us describe the most prevalent concerns at different developmental stages and think about which issues might be the best targets for screening or other clinical intervention.

We are also beginning our analysis of the completed key informant interviews. We hope that the data will be helpful in shaping our approaches to working with pediatricians at both sites (Unity Health Care and GT Pediatrics) around Center initiatives.

Finally, we have formed a seed team of pediatricians in the Georgetown outpatient pediatrics clinic. This “lab” clinic for Center initiatives operates on two half-days per week, working with nurses, residents, and medical assistants. We are using the PSC-17 and brief SCARED screening tools in several residents’ clinics and are still working on the EMR interface with the screens. We have also begun training of the residents and attending physicians in common factors-based approaches and will be implementing interventions described in the PRC1 project update in the future.
Pilot—Parents’ Perspectives of the Primary Care Providers’ Role

Lead: Justine Larson

The aims of this project are 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. The study is a mixed-methods design using data previously collected on 37 parents or guardians of children referred from the Harriet Lane Clinic’s primary care division at Johns Hopkins Hospital for mental health services at the Children’s Mental Health Center. Semi-structured, qualitative interviews were conducted to explore parents’ beliefs about mental health treatment, relationship with their child’s primary care doctor, and any perceived barriers in obtaining mental health care. Analyses have used a grounded theory process to examine the association between parents’ perspective of the PCP’s role in child mental health care with attendance at a CMHC visit.

Status: Qualitative analyses of how families experience receiving behavioral health care from their pediatrician are currently underway. These analyses are almost complete, with 9 interviews remaining to be analyzed. Interesting themes have emerged from these analyses, including the fact that families expect ongoing involvement in behavioral health issues, even after a behavioral health referral has been made. These findings support the concept of the "health home" for physical and behavioral health. A “case report” is currently in review. This report describes the phenomenon entitled "truth discovery," in which pediatricians can impact family dynamics in a brief clinical encounter. Dr. Larson has given several presentations describing the work, including a presentation at the Annual American Academy of Child and Adolescent Psychiatry conference in Toronto, a poster presentation at the 2011 Clinical and Translational Research Meeting in Washington, D.C., and a presentation at the Center itself.
Upcoming Events & Announcements

Our Spring seminar series is focusing on project updates and implementation. The goal is to give faculty an opportunity to elaborate on their progress and receive feedback from Center members.

**Thursday, April 26, 12 p.m.**
Project Update on Common Factors Training with Dr. Bruno Anthony

Dr. Anthony will discuss the current progress and findings from his project to develop a common-factors-based training for pediatric clinicians.

For all seminars, please join us in person, by phone, or via Adobe Connect:
https://connect.johnshopkins.edu/pediatricmentalhealth/

Be on the lookout for announcements of future project updates and an implementation-related seminar.

WE LOOK FORWARD TO SEEING YOU AT THE SCIENTIFIC ADVISORY COMMITTEE MEETING IN THE FALL!

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