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RMC 1: Common Factors and Children
Lead: Sarah Polk Collaborators: Russ Horwitz, Shaina Longway, Larry Wissow
Our goal is to increase the evidence base for the use of common factors in pediatric primary care. We will also investigate the impact of language discordance between provider and parent on communication between pediatric patients and providers. We will use videotapes of 32 well-child visits to conduct stimulated recall interviews with those children to learn about what parts of the visit they found more or less engaging. We will conduct thematic analysis of these interviews around themes related to common factors and will code the visits using RIAS (the Roter Interaction Analysis System). We will also analyze the effect language discordance has on communication.

STATUS AND RESULTS: We have videotaped and interviewed all but two of the projected 32 children (8 African-American, 6 Caucasian, and 16 Spanish-speaking Latino parent-child pairs). We are working on thematic analysis of the interview transcripts and will begin RIAS analysis in the summer of 2013. So far, we have found that children appreciate being spoken to directly, prefer to hear explanations in the language they feel most comfortable using, and dislike unpleasant physical conditions (loud noises, cold hands, shots, etc.).

RMC 2: 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 has two main objectives. In Phase 1, we aimed to understand PCP’s decision processes around delivery of mental health services and perceptions of work involved (please refer to the October 2012 newsletter, found on our website, for a complete description). The aim of Phase 2 is to use the findings from Phase 1 to design and pilot a resource-based relative value scale to quantify workload in providing mental health care.

STATUS: Phase 1 is complete. Now in Phase 2, we will send the web version of the revised work survey to the Maryland Chapter of the American Academy of Pediatrics. The survey includes 10 brief case vignettes, and PCPs are asked to rate the work values of the vignettes relative to a reference case, which describes a child with probable ADD/ADHD and no other complicating factors. Four of the comparison vignettes depict a child with probable ADD/ADHD, and the remaining 5 vignettes depict problems with anxiety or mood. Complicating factors are varied across vignettes.

RMC 3: 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 overall goal of the RMC3 Teen Screening Study is to better understand how primary care providers (PCPs) use a comprehensive pre-visit electronic screen during health maintenance visits with adolescents and to examine the impact of using the screen on engagement of adolescents and parents in the assessment of problems and planning for care. This study of adolescent screening is an extension of the Center’s previous study of screening with parents of young children ages 4-11. (To read about the results of the child study, please refer to the October 2012 newsletter, found on the center’s website.)

STATUS: As we did with the child screening study, we are conducting the teen screening study at JHU, Bassett, and Dartmouth. To date, we have screened 37/80 (46%) teens at JHU, 17/36 (47%) at Bassett, and 3/36 (8%) at Dartmouth. Visit audiotapes are being transcribed. We plan to complete data collection by the summer of 2013, whereupon we will begin data analysis.
♦ Principal Research Core Projects ♦

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

Lead: Bruno Anthony
Collaborators: My Banh, 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 the CFTP or a treatment as usual (TAU) group.

STATUS AND RESULTS: Phase 1 is complete (for a description, please refer to the October 2012 newsletter on the Center website). The CFTP, consisting of 4 modules built around video clips that highlighted key concepts and strategies, was administered to 7 PCPs in the Phase 2 Feasibility trial. Pre-post surveys obtained ratings from participants about the extent to which (1) they agree with beliefs about mental health treatment in primary care and (2) they believe strategies and skills for engaging and activating families addressed in the training are important. Positive change in ratings occurred in all but 2 of the 18 items. Participants also rated the format, quality, materials and overall effectiveness of the trainers at the end of the 3-hour training on a 1-5 scale; average scores were above 4.75. We have finalized tools to use in the pilot trial (Phase 3). These include: a universal mental health screening protocol (PSC-17 plus the brief SCARED); session prompts for PCPs to use in the different treatment visits (initial, treatment planning, follow-up); brief, general guidance for medical staff to present to families with an anxious child; and the implementation and outcome measurement frame. PCPs for the pilot have been recruited from clinics associated with the Departments of Pediatrics and Family Medicine of Georgetown University Hospital in DC and Virginia and the Children’s National Medical Center.

PRC 2: Treating Childhood Anxiety in Primary Care

Leads: Golda Ginsburg, Kelly Drake

This project aims to test the feasibility of a common treatment elements 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—COMPLETE
- Phase 2: An open pilot test of the intervention—IN PROGRESS
- Phase 3: A randomized controlled trial of the intervention versus treatment-as-usual to reduce youth anxiety.

Status: Phase 1 focused on questions about current practices, PCP interest and motivation, feasibility, suggestions for training, and barriers to anxiety treatment in primary care. 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.” Phase 2 is in progress. To date, 6 PCPs from the East Baltimore Medical Center received 3 hours of training in childhood anxiety disorders and intervention strategies to be used with the Anxiety Action Plan. So far, 3 children are actively receiving the intervention by trained PCPs with ongoing supervision provided by Drs. Ginsburg and Drake.
♦ Center-Related Projects♦

**Psychopharmacology**

**Lead:** Mark Riddle  
**Collaborators:** 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 complete. They are described in two book chapters that will be published by the American Academy of Pediatrics in August and November, 2013. Based on this framework, a detailed set of web-based training modules and a manual will be developed with the AAP Press. In addition, in conjunction with the AAP, we will pilot selected modules via webinars and live presentations. Broad-based dissemination of knowledge for the safe and effective management of psychotropic medications in pediatric primary care will be initiated in the fall of 2013.

**PUBLICATIONS:** The AM:STARS chapter is now in press.

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**Pediatric Integrated Care Collaborative (PICC)**

**Leads:** Mark Rains, Holly Wilcox, Larry Wissow

This project aims to increase the quality of child trauma services by integrating behavioral and physical health services, targeting traumatic stress exposure and recovery, integrating trauma-informed behavioral health services with primary care, and promoting a sustainable integration. The center will support three levels of collaborative activity: 1) a Breakthrough Series 2) a Learning Collaborative, which will promote the dissemination/adoption of these innovations, and will develop a Training and Resource Toolkit; and 3) an Integrated Care Collaborative Group (ICCG) of participants from SAMSHA-NCTSI-funded sites and Network Affiliates. Dissemination will also be facilitated through the center’s six core sites, its links to the American Academy of Pediatrics, and its hosting of the National Network of Child Psychiatry Access Programs.

**STATUS:** We are currently organizing a Breakthrough Series collaborative on how primary care providers can implement and sustain care that helps prevent exposure to trauma in early childhood or provides early intervention for those exposed.

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

**Leads:** David Pruitt, Larry Wissow.

The Center is partnering with the University of Maryland on a state initiative to support the efforts of pediatric primary care providers (PCPs) in assessing and managing the mental health concerns of their patients. Called B-HIPP, the program has four main components: 1) Consultation Service, 2) Social Work Co-Location, 3) Continuing Education, and 4) Resource Networking. B-HIPP is supported by funding from the Maryland Department of Health and Mental Hygiene and Maryland State Department of Education.

**STATUS:** B-HIPP officially launched in January 2013 and, as of April 5, 2013, has enrolled 91 providers from 18 counties across Maryland. Our phone consultation service has begun receiving calls, and volume is steadily increasing. We have grown our resource and referral list as providers join from new regions around the state. Social work interns from Salisbury University have seen more than 200 patients in the pediatric practices where they are co-located. In addition, we have begun holding in-person and teleconference continuing education opportunities for pediatric PCPs. We are looking forward to expanding statewide in the coming months.
**Project TEACH Evaluation**

**Leads: Anne Gadomski, Larry Wissow, Kimberly Hoagwood, Stewart Gabel**

NYS OMH currently funds Project TEACH (Training and Education for the Advancement of Children’s Health), a statewide effort to improve primary care provider (PCP) management of childhood mental health problems. This evaluation project aims to assess whether the current training model is achieving its goals and the information learned will be used to plan what additional training or program support may be necessary.

**STATUS:** A total of 39 out of 40 planned PCP interviews have been transcribed and are being coded and analyzed. Analytic indicators are being developed by a working group comprised of the investigators and Project TEACH trainers. This list of potential indicators of PCP prescribing practices will be used to compare pre- and post-training prescribing practices of trainees as well as to compare the practices of trained to ‘not trained yet’ PCPs.

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**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, and a training manual was printed. The training was then piloted at four sites and an informal evaluation was conducted. Upon approval from the CDC, a more formal evaluation will be conducted.

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**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. In the past, COMMHAT has worked in tandem with the Behavioral Health subcommittee of Maryland AAP to hold primary care mental health training sessions in Hagerstown, Maryland, chaired by Dr. Ken Tellerman.

**STATUS:** We hope to convene a future meeting to coordinate primary care mental health training efforts between the various interested groups, including COMMHAT, the AAP, AACAP, and BHIPP. For more information about COMMHAT specifically, see:

http://web.jhu.edu/pedmentalhealth/COMMHAT.html

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**National Network of Child Psychiatry Access Programs (NNCPAP)**

**Leads: Amelia Buttress, Larry Wissow**

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/nn cpap.html.

**STATUS:** In 2012, 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 Center produced detailed descriptions of each state’s program to share their “lessons learned” in establishing psychiatric consultations for pediatric primary care.
Pilot: Developing simple T.I.P.S. to address mental health problems in pediatric primary care

**Lead: My Banh**

The goal of this study is to develop a brief treatment that includes step-by-step strategies that pediatricians can use with children and caregivers to identify and reduce mental health (MH) symptoms in children. In phase 1 of the study, various methods of implementing the PSC-17 and 5-item SCARED will be tested to identify and formulate treatment-implementation-plan sheets (TIPS) for caregivers of children who exhibit sub- or clinical-level psychiatric problems associated with functional impairment. These TIPS 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. Qualitative and quantitative process, fidelity, and outcome data will be collected.

**STATUS:** We are piloting different methods to implement the screeners at the GUH pediatric outpatient clinic more effectively. We have analyzed preliminary screening data to identify the most prevalent symptoms endorsed by parents at the GUH clinic and have created a system to track families referred to Psychiatry for follow-up. We have completed a review of MH resources available to pediatricians and are combing the literature to further guide TIPS development.

Pilot: Mental Health Symptoms Presenting in Pediatric Primary Care

**Lead: Matt Biel**

This project aims to learn more about how mental health concerns present in pediatric primary care (PPC) 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 and concerns 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 drafting a Presenting Problems paper working with a data set containing PCPs’ responses to the Strengths and Difficulties Questionnaire. These data, combined with information gathered from the 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 hope to have a manuscript ready for submission by late spring 2013. We are planning a second paper describing our experiences training pediatricians in evidenced-based developmental screening, with a particular focus on screening with Latino families. This will briefly describe the training and discuss opportunities to develop broadly applicable training programs for PPC that may reduce disparities in identification of developmental delays.

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

**Leads: Kim Becker, Bruce Chorpita, Rachel Kim. Collaborator: Sharon Stephan**

This study aims primarily to examine the feasibility, acceptability, and preliminary efficacy of an engagement protocol (EP) delivered by 6 school nurses. We will also validate and test a new caregiver-report measure of practitioners’ use of evidence-based engagement practices. Our third aim is to test whether a caregiver report of treatment expectancy is affected by practitioners’ use of evidence-based engagement practices. First, we will gather data on school nurses’ use of evidence-based engagement practices from 6-10 families before any training occurs. School nurses will then receive training in the EP as well as consultation in the use of the EP as needed. A second wave of 6-10 families will be recruited to gather post-training data on school nurses’ utilization of evidence-based engagement practices, treatment expectations, and engagement in mental health services. We will also conduct a focus group with the school nurses regarding feasibility/acceptability of the EP.

**STATUS:** We have approval from the IRBs at UCLA and the Los Angeles Unified School District and have drafted all training and assessment materials. We are working with colleagues at the LAUSD to move the project forward.

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**Center Pilot Projects**

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April 2013

Year 4, Issue 1
Pilot: Psychopharmacology Training for Pediatric Residents

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

Our goal is to develop and administer a survey of 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 University of Maryland and Sinai Pediatric residencies have joined with us to pilot the survey in the initial round. The survey and IRB application are both under development and we hope to have the pilot survey in the field with pediatric residents across the three programs in June 2013.

Pilot: Investigating Prevalence of Pre-psychotic Symptoms in a Primary Care Setting

Leads: Emily Kline, Gloria Reeves, Jason Schiffman

Schizophrenia and other psychotic disorders can have a devastating impact on youth and families and most individuals on a trajectory toward psychosis begin to experience symptoms during adolescence. Although screening tools have been developed to accelerate detection of pediatric psychosis and to identify youth who are at increased risk, the feasibility of screening programs hinges on practitioners’ perceptions of these tools as appropriate, user-friendly, and clinically useful. The aim of our project is to survey clinicians regarding their overall knowledge regarding pediatric psychosis and psychosis risk, and to elicit their opinions on three available questionnaires developed for the purpose of assessing psychosis risk symptoms.

STATUS/RESULTS: Recruitment for this study is ongoing. We have collected data from about 40 provider-participants. We are recruiting providers within the University of Maryland Department of Psychiatry as well as throughout the state at in-person meetings and presentations and well as clinician email listservs. The screeners and survey are available online at: https://sites.google.com/site/practitionerpreferencesurveyb/

Pilot: The Perception of Latino Parents of Mental Health Problems among Children in their Community

Lead: Sarah Polk

The goals of this project are to 1) better understand how Latino parents perceive mental health problems among their children and how they should be addressed, and 2) evaluate the acceptability of mental health screening by pediatricians. We will pursue these goals by recruiting 50 Spanish-speaking parents of school-age children (5-18) for participation in focus groups regarding perceptions and beliefs about children’s mental health.

STATUS: We have spoken with both EBLO (Education Based Latino Outreach) and the Esperanza Center in Baltimore and they have agreed to help us recruit Latino parents. The protocol is being prepared for the IRB.

Pilot: Mental Health Training for School-Based Mental Health Providers

Lead: Jill Haak Collaborator: Sharon Stephan

This project has two specific aims: 1) To validate the conceptual model of a professional development training process for school nurses that will promote uptake and implementation, and 2) To validate the conceptual model of the Mental Health Training Intervention for Health Providers in Schools (MH-TIPS), a mental health training intervention for school-based mental health programs. Refinement of the 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, thereby reducing burden on an under-resourced specialty mental health field.

STATUS: Pilot was just awarded in February 2013. Currently preparing to submit to the IRB.
Pilot: Supporting Parents with Depression in Pediatric Primary Care

Lead: Carrie Mills
This project seeks to develop a parental depression intervention tool kit for pediatric primary care providers and to evaluate the impact, feasibility, and acceptability of this intervention. Development of the tool kit will be informed by a literature review and expert consultation. The tool kit will contain 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 will also include information about the impact of effective treatment on child outcomes and identify ways parents can promote resilience among their children. Finally, the kit will provide information about local mental health resources and supports, along with techniques to facilitate referrals to treatment. A select group of PPC providers will receive the kit and be asked to review the materials. Pre- and post- measures will assess changes in provider knowledge and practices regarding parental depression. We will also request feedback from providers regarding the acceptability/feasibility of providing this information to parents in PPC settings.
STATUS: We have made substantial progress on the literature review and are in the process of developing the tool kit. Once complete, we will seek feedback from expert reviewers.


Pilot: Behavior Health Problem Identification and Subsequent Behavioral Health Utilization in Medicaid Children

Lead: Karen Hacker
The goals of this study are to understand the nature of children (ages 0-18) who were identified as having a behavioral health (BH) need through receipt of the MassHealth mandated BH screening and the course of those children’s service utilization in the subsequent two years. Using FY08 – FY11 data from the Massachusetts Medicaid Program, we are looking at differences among children who had a BH need identified, who were determined not to have BH need, and those with undetermined screening results. We are exploring whether having an identified need predicts utilization of BH services in the next two years. We are also assessing differences between the children who received positive results for a BH need who received BH care within 90 days of identification and those who did not receive BH care within those 90 days. We will conduct descriptive analyses, trend analyses of utilization, and use logistic regression to predict factors associated with obtaining BH services in either specialty or primary care environments.
STATUS/RESULTS: We have found that children with a positive BH screen in FY09 were more likely to have had a BH history than those who did not have a positive BH screen. We completed the analysis of the predictors of a positive screen for those with screening modifiers. We have almost completed our analyses of utilization as defined by pharmacology and CPT treatment codes.

PAPERS: Academy Health accepted our abstract. We have shared a final draft of the paper about the modifiers with the Executive Office of Health and Human Services as well as our preliminary findings about utilization. We have begun to write a second paper on our findings about utilization.