Reported Physician Skills in the Management of Children's Mental Health Problems Following an Educational Intervention

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Objective.—The tristate Reaching Children Initiative (RCI) was designed to engage primary care physicians (PCPs) and increase reported knowledge and skills in the diagnosis and management of the most common mental health (MH) problems among children and adolescents.

Methods.—PCPs responded to a baseline survey and agreed to participate in an educational intervention or serve in a comparison group. The program, delivered by an interdisciplinary faculty, engaged the audience in role play, motivational techniques, and didactics. To assess the overall effectiveness of the intervention, baseline, and 6-month follow-up, surveys asked PCPs to rate their knowledge, diagnostic skills regarding socioemotional problems, knowledge of treatment strategies for these problems, awareness of MH resources, and attitudes towards diagnosing and treating MH problems.

Results.—Of the 215 baseline respondents, 137 chose to participate in the educational intervention and 78 served as a comparison group; of these, 64% and 59%, respectively, completed the 6-month survey. The overall sample was predominantly female (70.2%), white (64.7%), and had been in practice for over 10 years (57.5%). Repeated measures analysis, confirmed by propensity analyses, revealed significantly improved reported mean scores for diagnostic skills and knowledge of clinical strategies for the intervention relative to the comparison group. The intervention did not significantly impact awareness of resources or attitudes.

Conclusions.—Following the RCI, PCPs did report significant changes in self-efficacy specific to diagnostic skills and knowledge of clinical treatment strategies for targeted MH content. This educational approach merits further study.

KEY WORDS: anxiety; child; depression; mental health; posttraumatic stress

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Despite growing awareness of the responsibility of primary care to respond to the emotional distress of adults and children,[1–8] pediatric primary care physicians (PCP) often lack the knowledge and skills for identification, assessment, treatment, or referral of MH problems.[5,9,10] Following the events of 9/11, a regional needs assessment confirmed these gaps in perceived knowledge and skills.[11] This led to funding of the Reaching Children Initiative (RCI), targeting these physicians and the need to assess the impact of this educational intervention in nonresearch settings. The use of nonexperimental designs necessitates transparency in reporting to add to the pool of knowledge on effectiveness of such interventions.[12] This paper reports on the design, results, and implications of the findings of the RCI.

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METHODS

Design and Sample

The intervention recruited clinicians to participate in a before and after evaluation, with a comparison group of those expressing interest in the intervention but unable to attend. Participants were selected from the sample surveyed in 2004,[11] drawn from the American Academy of Pediatrics membership databases of this tristate area (New York, New Jersey, or Connecticut). Included were those who self-identified that their practice had been affected by receipt of MH concerns and those who were from a listing of zip codes with high numbers of bereaved children following 9/11.[11,13] However, no PCP who expressed interest in participating was excluded. We excluded clinicians who spent no time in direct primary care.

Table 1. Components of the Reaching Children Initiative Curriculum

Domain	Training Goal	Targeted skill
Role of the pediatrician in children's MH*	Increased physician comfort with MH issues encountered in their practice	Formulate ways to integrate routine psychosocial surveillance and management in clinical practice; develop approaches for referrals and care coordination
A parent's perspective	Understanding the critical role families play in the identification and management of a child's MH concern; recognize aspects of grief and resiliency	Develop approaches to respond to concerns of parents related to the MH of their child, and losses in their lives; engage parents in care
Use of screening tools (anxiety case study)	Recognize the different rating scales, their uses, and scoring methods	Use the PSC-17,† PHQ-9,‡ and SCARED,§ score and interpret results
Cognitive behavioral therapy in primary care ("Not lost in translation")	Demystify CBT|| by having clinicians recognize the frequent behavioral and cognitive interventions used in primary care Recognize the different vocabularies used in primary care and MH specialty care	Use of cognitive-behavioral strategies in primary care
Bereavement case study	Understand symptoms of bereavement and the distinguishing elements of "normative" and complicated grief	Elicit a history of loss from a family; develop plan on how to notify families of PCPs'¶ interest of events in their lives
PTSD** case study	Recognize the role that exposure to trauma plays in children's MH	Elicit a trauma history
Depression case study	Recognize the symptoms of depression	Use of PHQ-9; how to interview a depressed adolescent; diagnose depression
Strategies for implementation	Recognize the steps needed for successful implementation of a targeted behavior change	Identify a specific practice goal, the best result from achieving this goal, the obstacles, and plans to overcome obstacles
Cognitive-behavioral workshop	Understand the basic principles of CBT and when referral to a clinician skilled in CBT is needed	Begin to apply cognitive-behavioral strategies in practice
PCP-MH community networking and community resources	Face to face meeting of PCP and MH local specialists, discussions of resources and ways to refer	Collaborating with MH specialists in one's practice area

*MH = mental health.
†PSC = Pediatric Symptom Checklist-17.
‡PHQ-9 = Patient Health Questionnaire.
§SCARED = Screen for Child Anxiety Related Emotional Disorders.
||CBT = cognitive-behavioral therapy.
¶PCP = primary care physician.
**PTSD = post-traumatic stress syndrome.

The Intervention

The method, guided by adult learning theory and the theory of planned behavior, included interactive sessions, role play, and motivational technique—mental contrasting intention implementation—following each content area.[14–17] For more information on this technique, see http://www.mssm.edu/peds/general_pediatrics/education/reaching_children/. The faculty consisted of pediatricians, MH specialists, and a parent advocate, a credible group of experts seen as capable of effecting change.[18,19] A case-based format utilized the cases in the CD-ROM *Feelings Need Check Ups Too* that had been distributed to all tristate pediatricians prior to this intervention.[15–17,20] The curriculum (Table 1) stressed the inherent strengths of PCPs in understanding child behavior and working with families, as well as using rating scales,[21–23] identifying and addressing bereavement,[24] and understanding the principles of cognitive-behavioral therapy and other evidence-based treatments (selective serotonin reuptake inhibitors).[1,25–28] A 2-hour lunch allowed invited community MH specialists to network with PCPs. Attendees received 8.5 Continuing Medical Education credits.

Eight sessions were delivered from November 2005 to June 2006 (range, 8–31 participants/session, mean 17). The content was standardized and faculty consistent across sessions. Participants in the intervention received a printout of the sessions and a preliminary toolkit. All who completed the 6-month survey received a final toolkit.[29]

The Survey/Evaluation

Survey questions were derived, in part, from our previous survey of physicians in the tristate area and from the consensus process for the Guidelines for Adolescent Depression.[4,11] The questions had face validity and the scales internal consistency and had functioned well in our prior efforts. A baseline survey, and immediate post-intervention, 1-month, and 6-month follow-up surveys were administered to all who attended. Comparison pediatricians who agreed to complete the baseline survey but were unable to attend the training completed