

# Competencies and Training Guidelines for Behavioral Health Providers in Pediatric Primary Care



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## KEYWORDS

- Training • Integrated practice • Primary care • Interdisciplinary training
- Competencies

## KEY POINTS

- Collaborative care models in which behavioral health providers collaborate closely with primary care physicians are increasingly used to improve access to high-quality services.
- In order for behavioral health providers to function effectively in collaborative care models, they require specialized training and professional competencies.
- Cross-discipline training and professional competencies for training behavioral health providers are recommended to support the effective provision of integrated primary care services.
- Proposed training competencies include interprofessional communication, professionalism, integrated care systems practice, practice-based learning and education, preventive screening and assessment, and cultural competence.
- Child and adolescent psychiatry, psychology, and social work trainees involved in integrated primary care services should receive interdisciplinary training experiences that target these competency areas.

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## INTRODUCTION

The past couple of decades in pediatric medicine have highlighted the challenges in providing high-quality, timely, and effective behavioral health care to all of the children that need these services.<sup>1,2</sup> This growing acknowledgment of the services gap for children and adolescents led to the development of multiple collaborative care models across the nation. With the development of these integrated care models, workforce training issues became more relevant as the evidence showed the ability and efficacy of providing services for children and adolescents and their families in these novel programs. With the implementation of the Affordable Care Act (ACA),<sup>3</sup> the American Academy of Child and Adolescent Psychiatry (AACAP), and the American Academy of Pediatrics (AAP) drafted policy statements, encouraging collaboration across disciplines and settings to provide behavioral health services to children and adolescents in primary care settings.<sup>4-6</sup> In recognition of the efficacy of these integrated models, and the lack of core principles in how to treat these patients, multiple professional organizations, including the American Psychiatric Association (APA), American Academy of Family Practice, AAP, and the American College of Physicians, convened in 2014 to begin to address integrated care models and training needs.<sup>7</sup> From these cross-discipline workgroups, multiple ideas and strategies were created to address the unique training needs of assessment, treatment, and collaboration in primary care settings.

The articles in this issue have highlighted the increasing need for effective integrated behavioral health care models to appropriately address the behavioral health needs of children and adolescents in the United States. This article focuses on the cross-discipline training competencies needed to appropriately develop and prepare the workforce that will implement these interprofessional models. The article first describes the current competencies in specific behavioral health disciplines, including child and adolescent psychiatry, child psychology, and social work. Then, training competencies for integrated behavioral health providers that cut across these disciplines are proposed. Because there are multiple ways that programs have incorporated integrated care training, this article focuses on a comprehensive set of training competencies and guidelines that can be modified for use in varied settings. A description of an existing and successful integrated care training model, Healthy Minds, Healthy Kids (HMHK), highlights how these competencies can be included in cross-discipline training. Recommendations for future work and training in integrated primary care are offered.

## CURRENT INTEGRATED CARE COMPETENCIES ACROSS BEHAVIORAL HEALTH DISCIPLINES

### *Psychiatry*

Identifying the need for comprehensive training guidelines for American medical schools, the Accreditation Council for Graduate Medical Education (ACGME)<sup>8</sup> developed 6 core competencies for medical education:

1. Medical knowledge
2. Patient care
3. Interpersonal and communication skills
4. Practice-based learning and improvement
5. Professionalism
6. Systems-based practice.

These competencies were further refined by individual specialty boards. The American Board of Psychiatry and Neurology (ABPN) identified milestones specific to psychiatric training attached to each of the 6 core competencies.<sup>9</sup>

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