The Basic Science of Behavior Change and Its Application to Pediatric Providers

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KEYWORDS

• Medical provider training • Continuing medical education • Pediatric primary care • Integrated health care • Behavior change • Self-efficacy • Normative beliefs • Expected values

KEY POINTS

- Pediatric primary care providers (PPCPs) are the front line for early identification and treatment of youth mental health disorders, particularly in underserved communities in which specialty services are not readily available.

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- To enhance their willingness and ability to fill this role, PPCPs need intensive training and ongoing coaching support in applying guidelines for screening, diagnosing, and treating pediatric mental health conditions.
- Traditional continuing medical education and/or performance incentive strategies are inadequate for changing provider practice behavior. Targeted, dynamic training programs that combine multiple educational techniques can be effective, but are cumbersome and lack guiding theoretic frameworks.
- The theories and methods from behavioral change science, communication science, and adult learning offer powerful strategies for developing effective training programs that produce sustained practice changes, but are rarely applied to physician continuing education programs.
- This article describes a training program grounded in behavioral science research designed to increase PPCPs' ability, commitment, and persistence in implementing practice behavior changes so as to deliver high-quality mental health services within primary care.

INTRODUCTION

As the health care system moves toward integrated behavioral health care models, primary care providers are increasingly expected to know how to recognize and address mental health problems in their practices.[1–3] Pediatric primary care providers (PPCPs) are well positioned to have a substantial positive impact on child behavioral health because they can provide early detection and intervention services for children who might otherwise remain unidentified or untreated until they are more impaired. PPCPs are also an important port of entry to the children's mental health care system by referring families for specialty assessment and treatment when indicated, and supporting these services through encouragement and accountability discussions with the families at follow-up visits. The value of PPCPs is particularly salient in underserved communities, in which the availability of psychosocial and psychiatric services is limited and the PPCPs may be the only providers servicing the mental health needs of children in the local area.

Provider Education Programs Do Not Reliably Produce Practice Behavior Change

For PPCPs, an integrated behavioral health care approach includes performing practice behaviors such as administering and interpreting screening measures, developing diagnostic formulations, creating a comprehensive treatment plan, prescribing psychiatric medications, and coordinating care with specialty mental health providers. However, PPCPs receive little training in assessing and managing children's mental health disorders during residency.[4] Therefore, practicing PPCPs necessarily need additional education, training, and support to change their practices and meet these new demands. However, few effective teaching programs have been developed and/or widely disseminated thus far.[5] There are a small number of online learning modules for PPCPs to learn these skills on their own time, but there are limited data to predict which clinicians may enroll in online learning, how many complete such programs, and to what extent enrollees have applied the information in practice. Time-limited, unidirectional learning approaches have been found to have little or no impact on practitioner behavior change.[6,7] This finding is not surprising given that, in order for this approach to succeed, learners must initiate the interaction with the information, comprehend the new material, and engage in novel practice behaviors, all without the benefit of support and feedback. However, traditional continuing medical education (CME) routinely uses ineffective so-called hit-and-run learning strategies such as