# Designing Behavioral Health Tools for Pediatric Primary Care Clinicians

Whitney J. Raglin Bignall, PhD<sup>1,2</sup>, Cody A. Hostutler, PhD<sup>2</sup>, William Leever, PsyD<sup>2</sup>, Shelby Snodgrass, MPH<sup>1</sup>, Ariana Hoet, PhD<sup>1,2</sup>



<sup>1</sup>The Kids Mental Health Foundation <sup>2</sup>Pediatric Psychology, Nationwide Children's Hospital

# NATIONWIDE CHILDREN'S"

When your child needs a hospital, everything matters.

### Introduction

- We are simultaneously experiencing a child mental health and parenting stress crisis.
- Parents turn to primary care first when they have questions about their child's behavioral health.
- One out of four primary care clinicians (PCCs) feel they have sufficient training to manage behavioral health needs and thus many rely on referring to specialists.
- Only 18% of families attend a behavioral health appointment after being referred by their PCCs.

Objective: We aimed to create mental health tools to help PCCs start working with families to develop new skills, set goals, and start treatment.

# Methods

#### This is multiphasic project:

### Phase 1: Create content for PCCs.

Step 1: Identified topics based on PCC feedback.

**Step 2**: Developed a working team of integrated primary care psychologists and experts in marketing, communication and distribution to create the guides.

### Phase 2: Conduct focus groups.

**Ten** focus groups (6 caregiver and 4 PCC) were conducted to elicit feedback about the tools' design, utility and factors that would help inform future adoption.

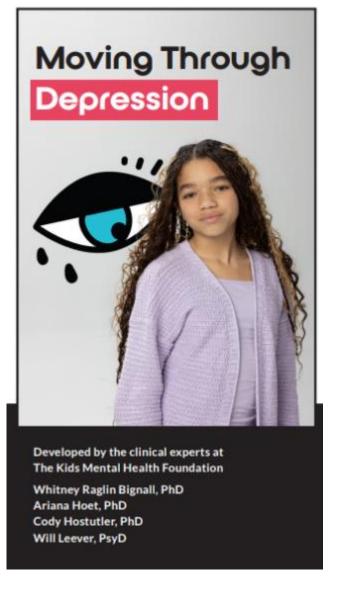
#### Phase 3: Code and analyze data.

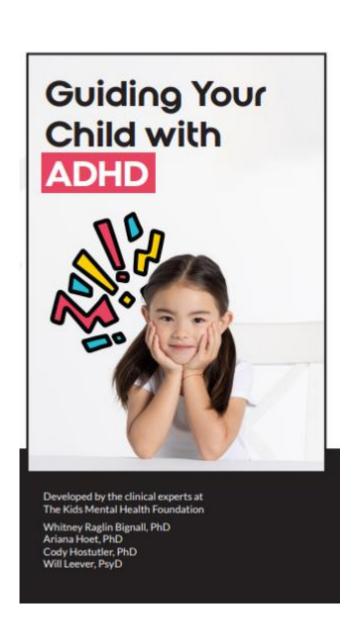
**Step 1:** Focus group discussions were transcribed and coded into themes.

**Step 2:** Information from the focus groups was used to revise the guides.

# Phase 1: Three guides were created focused on anxiety, depression, and ADHD.







### Phase 2:

- Overall, participants liked the format and found the information to be helpful in all 3 guides. **Positive feedback included**:
  - Having a tangible resource
  - Depth of information provided
  - Interactive sections

### Recommendation included:

- Changes to the covers
  - More kids on the covers
  - Removing the icons
  - Change the titles
- •Significant changes to the depression guide:
  - Changes to the flow of content
  - Rethink use of the visuals
  - Reduction in words and activities
  - Format like the anxiety guide
- Reduction in words in the ADHD guide

 Caregivers and providers had different opinions regarding how much information on medication should be included.

### Results

Phase 3: The guides were revised based on phase 2.







# Discussion

- Both caregiver and PCC feedback suggest the tools could be useful in helping PCCs provide families with actionable steps.
- Our next step is field testing to inform the creation of advanced tools such as videos to help PCCs feel more comfortable treating behavioral health concerns.

# References

- Hacker, K., Arsenault, L., Franco, I., Shaligram, D., Sidor, M., Olfson, M., & Goldstein, J. (2014). Referral and follow-up after mental health screening in commercially insured adolescents. Journal of Adolescent Health, 55(1), 17-23.
- Taylor, C. A., Hamvas, L., Rice, J., Newman, D. L., & DeJong, W. (2011). Perceived social norms, expectations, and attitudes toward corporal punishment among an urban community sample of parents. Journal of Urban Health, 88(2), 254-269.
- Shahidullah, J. D., Kettlewell, P. W., Palejwala, M. H., Forman, S. G., Billups, A., Anismatta, S. L., & Madsen, B. (2018). Behavioral Health Training in Pediatric Residency Programs: A National Survey of Training Directors. Journal of developmental and behavioral pediatrics: JDBP, 39(4), 292–302. <a href="https://doi.org/10.1097/DBP.0000000000000548">https://doi.org/10.1097/DBP.00000000000000548</a>

# Acknowledgements

We thank Children's Practicing Physicians, Macy's and the BeeHive Alliance for assisting us with this project. .