Redefining Post-doctoral Training: Avoiding Irrelevancy

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Outline

- The Changing Landscape: Psychology in the Public Health Spectrum
  - My premise: The major shifts in how psychological services will be provided requires a shift in how training in psychological science is structured
- Beyond the Guild
- Public Health Recalibration
  - We are not so special
  - Behavioral health homes and collaborative care models
  - Quality improvement
  - Non-proprietary tools
  - New workforce: Giving psychology away
  - Digital technologies
  - Implications for Post-doctoral training
Problem of relevance for community care

- **At least 13 million children with mental health needs**
- **75%** of them do not get help
- Unmet need highest among **minority youth**
- **90% of adult mental health problems begin before age 24**
- These facts have not changed in 25 years
- Schools and primary care are de facto settings for services but are not equipped to identify and manage these problems
- Most primary care doctors lack the necessary **training** and **support**
- Parents often blamed as “the cause” of their child’s problems
- The conditions where “evidence based treatments” have been developed and tested are vastly different from the conditions of real community care
  - Only 1.27% of studies testing the efficacy of EBTs are clinically representative with regard to clients, therapists, and settings (Weisz, Jensen-Doss, & Hawley, 2005)
Are published studies representative of clinical practice? (i.e., enrollment, providers, settings): NO
Weisz, Doss, & Hawley, Annual Rev Psychol, 2005, 56:337-363
The Changing Landscape

Recent Federal initiatives
1. 2008: Mental Health Parity and Addiction Equity Act
2. 2010: The Patient Protection and Affordability Care Act (PPACA)

The State of the States: EBP implementation, accountability and quality

Trends in care delivery
1. Shifting structure and funding for community services to primary care, schools, regionally linked networks
2. Pay for performance, accountability standards, quality drivers
3. Growing involvement of consumers/family empowerment
4. Workforce shortages
Pediatric Healthcare System Changes (Kelleher 2010)

- Decline of solo practice and small groups
- Digital technology
  - Regional coordination of assessment tools
- Regionalization of services
  - Value Purchasing
  - Quality measurement and P4P indicators
  - Regional pharmacy management
  - Medical home + ACO participation
- Quality Indicators & Measure Development:
Quality Improvement

- National Quality Forum: Standardizing indicators of healthcare quality; yet
- Fewer than 5 percent of the National Quality Forum’s list of more than 650 vetted indicators specifically relate to mental health and substance use conditions (Pincus et al., 2011)
- Only 9 relate to pediatric behavioral health:
  - Depression (2) ADHD (2) Risky behaviors (1); Suicidality (1)
  - General problem areas (3)
  - 2 of the measures involve monitoring; 3 screening; 4 require clinicians to make assessments.
Consumer Movement

- Began with broader civil rights movements in the 1960s and 1970s
- Peer led services are now reimbursed by a majority of states, and are typically part of most community mental health settings.
- Still largely unreimbursable for families of children but changing
  - National Federation of Families credentialing project
  - 137 chapters
  - NAMI Basics curriculum: 12,000 parents participated in year 1
    - Evaluation of Basics (Brister et al., in press)
  - ½ dozen states making it a billable service
Workforce Issues

- The World Health Organization: Health workforce shortages have replaced system financing as "the most serious obstacle" to realizing the right to health within countries.
- Shortage of about four million health workers needed to deliver essential health services (Milbank Memorial Fund Report: Health Worker Shortages and Global Justice, 2011).
- Task-shifting: New opportunities for social work and for parent/community partners and for Giving Psychology Away
Post-doctoral Training: Examples of short-sighted Goals

- Staying in the Guild
- Talking only to psychologists
- Avoiding community input
- Developing research questions without consulting end-users
- Developing research questions that are uni-disciplinary or uni-methodologic: Mixed methods
- Preparing students solely for solo practice
- Developing proprietary products that serve narrow goals or populations
S. Johnson: Where Good Ideas Come From: The Natural History of Innovation. 2010

- Johnson’s 7 ideas to promote innovation
- Adjacent possible
- Liquid networks
- Slow hunch
- Serendipity or generative chaos
- Error: Fail faster
- Exaptation
- Emergent Platforms
Post-doctoral Projects

- Adjacent possible: Identify natural ecologies and fit
  - Maternal depression, community care, peer parents
  - Quality measure development for ado1 depression in healthcare systems
- Liquid networks
  - Early adopters among community clinic directors
- Slow hunch
  - Applying org-business principles to integration of family support
- Serendipity or generative chaos:
  - Set up portal systems in NYS to track implementation
- Error: Fail faster: My motto
- Exaptation:
  - Walk through methods from theatre to observational studies
- Emergent Platforms: Use of state data systems; EHRs and quality
IDEAS Center to link research and practice

- Community implementation framework using relevant strategies from psychological science (PRISM model, Feinstein, Glasgow)
- Engagement strategies to reduce no-shows (McKay et al., 2010)
- Use of family peer advocates to teach parenting skills and improve social support (Hogan et al., 2002; Olin et al., 2010) and reduce use of costly services
- Expansion of family support
  - Psychoeducation (Fristad et al., 2006)
  - Multi-family groups (McFarlane et al., 2002; McKay et al., 2012)
  - Psychiatric crisis stabilization (Hoagwood, Olin, Maldenwald; Kelleher)
- Use of key opinion leaders (Epstein et al., 2006; Atkins et al., 2005) and social networks (Valente et al., 2004)
- Practice elements and component-driven EBP (Chorpita et al., 2002; Weist et al, 2006; Wissow et al., 2010)
- Collaborative care models for adolescent depression (Asarnow et al., 2005; Wells et al., in press) and pediatric behavior problems (Kolko et al., 2010)
- Social organizational interventions to improve team integration (Glisson et al., 2010; application to family support, Hoagwood, Olin)
Give the tools of psychology away