Correlates of Behavioral Care Management Strategies Used by Primary Care Pediatric Providers

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OBJECTIVE: To identify correlates of behavioral management strategies and to test whether children with more severe behavioral problems have care transferred to mental health specialists.

METHODS: Secondary analysis of the Child Behavior Study. Children ages 4 to 15 years old were identified with new behavioral problems at non-urgent visits to primary care clinicians. Treatment strategies were categorized into mutually exclusive groups: primary care (psychotropic prescription and/or office-based counseling), mental healthcare (referral for or ongoing specialist mental healthcare), joint care (primary care and mental healthcare) or observation. Child-, family-, clinician-, and practice-level characteristics were assessed for association with management strategies using multivariate methods.

RESULTS: A total of 1377 children from 201 practices in 44 states and Puerto Rico were newly identified with behavioral problems. Behavioral/conduct (41%), attentional/hyperactivity (37%), adjustment (32%), and emotional (22%) problems were most commonly identified. Children with comorbid behavioral problems were more likely to be managed with joint care than other treatment strategies. In addition, clinicians who were male or who had greater mental health orientation were more likely to provide joint care than mental healthcare only.

CONCLUSIONS: Clinicians were more likely to manage new behavioral problems jointly with mental health providers than use other strategies if children had coexisting mental health problems or if providers had stronger beliefs about psychosocial aspects of care. These results do not support the hypothesis that children with more severe behavioral problems are transferred to specialists but suggest that primary care and mental healthcare clinicians may benefit from collaborating on treatment plans.

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Topics

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