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## CONFERENCE ABSTRACT

### **Implementation of Co-located Pediatric Integrated Behavioral Health Services: Program Evaluation using the Strengths and Difficulties Questionnaire (SDQ)**

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#### ***Introduction:***

Identifying feasible outcome measures for integrated behavioral health (IBH) services within primary care is challenging. As part of a program evaluation effort, the Strengths and Difficulties Questionnaire (SDQ) was implemented to track patient outcomes in response to the newly implemented IBH program.

Practice Change Implemented: The SDQ was administered to all IBH patients during each intake and repeated at the final session to measure impact of behavioral health support on child behavior. The Child Behavior Checklist (CBCL) was administered concurrently to identify the proportion of patients presenting with clinical-level symptoms.

#### ***Aim and Theory of Change:***

The integrated care team piloted a method to measure patient baseline functioning and progress using a well-researched behavioral screening tool that included an impact assessment and follow-up form. It was predicted that families who utilized IBH services would present with reduced symptoms and parents would endorse improvement in child functioning at follow-up.

#### ***Population/Stakeholders:***

The target population included families referred to the IBH program from October 2018 through September 2019. Patients had a mean age of 8.2 (SD=3.57) and the majority were male (64%) and Caucasian (91%).

Timeline: The new intake process was initiated on October 1st 2018 and data was recorded on an ongoing basis for one full year. At the end of the year 1, data was summarized and analyzed across all new patients seen.

#### ***Highlights:***

It was calculated that 31% of patients referred to the IBH program (N=136) presented with clinical levels of either externalizing or internalizing behavior problems on the CBCL and 93% (n=152) were elevated on at least one domain on the SDQ. It was found that 58% of patients with an elevated total score on the SDQ also presented with an elevated score on the CBCL. Of the parents who completed the SDQ follow-up scale (n=15), 87% reported symptom improvement and reduced distress. Improvement in symptom presentation was detected among 100% (n=17) of patients who completed follow-up CBCL or SDQ forms.

***Sustainability:***

The revised intake process took approximately 10-minutes for patients to complete and about 5 minutes for providers to score and record. The SDQ is available free online and currently allows for affordable online scoring. The SDQ offers a sustainable method for ongoing program evaluation that focuses specifically on patient outcomes.

***Transferability:***

The SDQ would be an appropriate measure for screening and progress monitoring in any co-located IBH program. It is affordable, easy to administer, patient friendly, and validated across many other well-researched instruments.

***Conclusions:***

The SDQ effectively measured patient progress and IBH outcomes. The SDQ was feasible and was found to be more sensitive to patient symptoms than the CBCL.

***Discussion:***

This project demonstrates how patient outcomes can be incorporated in the program evaluation process. More needs to be done to track progress of patients who are lost to follow-up.

***Lessons Learned:***

It is important to focus on capturing progress of patients who do not follow-up after recommendations are provided. Future program evaluation should also include parent ratings of acceptability to evaluate burden of additional measures.