## APAHC 2021

Academic Health Center Psychologists as Agents of Change: Leadership, Innovation & Resilience

### Conference At-A-Glance

**Thursday March 4, 2021**

*All Times CST*

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Megan Hosey PhD; Meghan Beier PhD; Abigail Hardin PhD; Renee Madathil PhD; James Jackson PhD | Energizing clinical care models: Revitalizing treatment strategies for the peri- and post-pandemic period  
Robert D. Friedberg PhD; Jennifer K. Paternastro PhD | | |
| 9:30 – 10:00| 30-min break | | | |
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Abstracts

Thursday March 4, 2021
8:00-  Workshop 1
9:30  Building Awareness of Psychologists’ Role in Chronic Disease Management During the COVID-19 Era
Megan Hosey PhD; Meghan Beier PhD; Abigail Hardin PhD; Renee Madathil PhD; James Jackson PhD
Background: The COVID-19 pandemic has left many survivors with new, long-term symptoms that impair quality of life and functioning, including persistent fatigue, brain fog, pain, sleeplessness, debility, anxiety, and depression. These have been referred to in the media as “long-covid” and survivors have been called "long-haulers." These neologisms intend to bring awareness and support to those who have experienced this sometimes debilitating illness, however, although the SARS-CoV-2 virus is novel, many of its long-term physiological and psychological effects are not. For instance, psychological distress1 and difficulty transitioning to rehabilitation2 have been observed in many critically ill patients. This discrepancy between the public discourse on COVID-19 and the knowledge, research and clinical expertise that exist within the rehabilitation and health psychology communities reveals that the voices of psychologists have not penetrated public health discourse, to the detriment of the field, patients, and the health system. Rehabilitation psychologists have much to contribute to the global dialogue about comprehensive and effective management of symptoms during and after critical illnesses and injuries. Dissemination of information and accurate and persuasive communication regarding these issues to the public and to other health professionals is crucial and rehabilitation psychologists have an opportunity and a role to play in this regard. Yet, input of psychologists, and particularly from rehabilitation psychologists, to the public discourse around health management remains limited. In this workshop, Rehabilitation Psychologists are called to learn about media engagement and promoting knowledge through the lens of comprehensive, multidisciplinary treatment of COVID-19 symptoms. This presentation will center on management of COVID-19, however its applicability is wide-ranging. Marketing and Public Relations professionals refer to the process of leveraging current events to promote a message (relevant content development) and the skill is a cornerstone of strategic communications. Thus, the proposed workshop could lead to increased understanding and resources for those with chronic medical conditions via improved strategic communications efforts by psychologists.

10:00- Workshop 2
11:30  Energizing clinical care models: Revitalizing treatment strategies for the peri- and post-pandemic period
Robert D. Friedenberg PhD; Jennifer K. Paternostro PhD
The COVID-19 pandemic undeniably triggered a public health crisis in the United States and other parts of the world. Moreover, surging behavioral health concerns in pediatric patients and their families appear to be likely clinical sequelae associated with the viral outbreak. Rates of Obsessive- Compulsive, Social Anxiety, Generalized Anxiety, PTSD, Health Anxiety, Depressive Spectrum, and Disruptive Behavior Disorders are expected to rise. Indeed, young patients diagnosed with physical and behavioral health co-morbidities may be at especially high risk. The pandemic has exposed glaring health care disparities revealing that BIPOC and other marginalized groups are disproportionately suffering due the illness and its accompanying features. Therefore, psychologists will need to develop and deliver innovative treatment strategies to these vulnerable populations. This practice-friendly skills session explicitly focuses on providing attendees with efficient and effective evidence-based interventions to patients as a way to equitably mitigate emotional distress. Fortunately, Cognitive Behavioral Therapy spectrum approaches (CBT, DBT, ACT) offers an empirically supported array of procedures to treat multiple behavioral health problems. Further, these treatment models are readily applicable to patients diagnosed with co-morbid medical conditions such as gastrointestinal disorders, asthma, headache pain and diabetes. This skills workshop begins with a brief review of conducting a functional analysis augmented by recommendations for actionable measurement-based care in order to provide contextually relevant personalized evidence informed case conceptualization. Explanation and demonstration of modular cognitive behavioral procedures including basic behavioral techniques (relaxation, mindfulness, distress tolerance skills), cognitive restructuring (problem solving, self-instruction, rational analysis) and experiments/exposures follows. Special attention is directed toward tailoring these interventions to fit patients’ cultural context and various service delivery modalities (individual, group, family, telehealth, in person, etc.). Attendees will receive detailed handouts and ready-to-use clinical materials.

1:30- Workshop 3
3:00  Psychogastroenterology in Academic Health Centers: Delivering Cognitive Behavioral Interventions for Patients with Chronic Gastrointestinal Diseases
Megan Petrik PhD; Brook Palmer PhD; Kathryn Tomasino PhD
Chronic digestive diseases, such as inflammatory bowel disease and irritable bowel syndrome, are associated with a high disease burden, extensive negative impact on quality of life, and significant healthcare utilization and expenditures. In recent decades, clinical psychologists have played an increasing role in the management of digestive diseases, and the
application of scientifically based psychological principles and techniques to improve digestive symptoms is now a newly recognized behavioral medicine specialty of psychogastroenterology. American Gastroenterological Association best practice guidelines strongly call for psychologists with expertise in psychogastroenterology to be integrated in multidisciplinary gastrointestinal (GI) care teams. However, a dearth of psychologists trained in this area creates a shortage of patient access to evidence-based psychological interventions for digestive conditions. Given the lack of trained practitioners in psychogastroenterology, the presenters will offer a unique and engaging workshop that is designed to inform the audience about the fundamentals of delivering cognitive behavioral interventions for patients with chronic gastrointestinal diseases and integrating psychological services in gastroenterology clinics in academic health centers. Key components of this workshop will include education about: the brain-gut axis and biopsychosocial model of treating digestive disorders, cognitive behavioral therapy for irritable bowel syndrome and inflammatory bowel disease, and strategies to develop an integrated GI service. Additionally, the utilization of telemedicine for delivery of these psychological interventions will be discussed. Further dissemination of these skills creates the opportunity to transform the care for patients with chronic digestive disorders at academic health centers nationwide.

4:20- **Keynote Address**
5:20  Integrating Arts & Humanities  
*Lisa Howley PhD*

A growing evidence base suggests that learning experiences that integrate the arts and humanities within medical education may lead to a variety of important individual and organizational outcomes, including the promotion of wellbeing. The Association of American Medical Colleges (AAMC) has launched a major strategic initiative to explore and advance the integration of the arts and humanities across the continuum of medical education. Such efforts also impact psychology learners and others involved in interprofessional education in medical schools. This session will describe the AAMC strategic initiative, review research evidence and gaps, and engage participants in a discussion of several unique challenges and opportunities for psychologists working in academic health centers.

**Friday, March 5, 2021**

8:15- **Keynote Address**
9:15  Medicine and the Black Body: Race, Racial Slavery, & Medical Apartheid in US History  
*John Chenault, MA, MSLIS PhD Candidate*

"Medicine and the Black Body: Race, Racial Slavery, & Medical Apartheid in US History" reveals a series of inconvenient truths about the medical profession that expose the central role of physicians and biomedical researchers in the invention, social construction, and perpetuation of race and anti-black racism in the United States. It links the initial stage of the development of race in colonial America to its intellectual antecedents in Western Europe. It then shows how race and medicine developed simultaneously in the US and are co-dependent because early medical professionals became obsessed with identifying biological differences between so-called Blacks and Whites, and with finding a racial basis for diseases. Their efforts to declare and defend imaginary notions of Black biological and cultural inferiority served the primary purpose of justifying the lifetime and hereditary enslavement of African people. Their efforts also proved instrumental in establishing the basis for a social system and hierarchy that permanently consigned so-called Blacks to the bottom tier of US society. This wide-ranging presentation combines history, sociology, and medical history to show how medical education, experimentation, and research relied primarily on enslaved African Americans subjects in the antebellum era just as modern medicine was in its early stages of development. It also shows how anti-black racism and racial discrimination fostered and facilitated health inequities in the delivery of medical care for African Americans after emancipation in ways that can best be described as "medical apartheid." Uncovering and investigating this understudied history of race and medicine, and the history of the Black Body as a medical construct, enables us to comprehend how Europeans and their colonial descendants in the United States engineered the most complete and enduring dehumanization of a people in history.

10:05- **Session 1**
11:05  1A: Pump Up the Volume on Anti-Racism Efforts: Opportunities to Lead Change – Who’s Got Next?  
*Crystal Cederna-Meko PsyD; Danika Perry PsyD; Nicole Franklin PhD ABPP*

Racism, racial injustice, white privilege, and white supremacy are not new problems. Historically, a variety of factors contributed to inadequate anti-racism efforts and an unwillingness to recognize racism as the pandemic it is. Efforts to maintain the status quo remain today. However, anti-racism efforts are increasingly recognized as a top organizational priority, owing to the increased visibility of racially-based hate crimes and police brutality, appreciation for long standing systemic and structural sources of racism, and highly popularized writings on topics such as racism and white privilege. As visible experts in human behavior within academic health centers, psychologists are well positioned to lead anti-
Psychologists involved in training roles have had to navigate novel issues such as developing health psychology training programs to build a case for dedicated time allotment for well-being psychologists before and during the COVID-19 pandemic. Presenters will share a brief history of the Center, its guiding operational framework, and approach to providing responsive and proactive services while empowering and advocating for healthcare workers in clinical and non-clinical roles. Presenters will outline a comprehensive response to the pandemic. Strategies will be shared for leveraging established structure to implement rapid change and augmenting work through coordinated partnerships with important groups (e.g., behavioral health, human resources, organizational development, employee health, inclusion and diversity, pastoral care). Presenters will discuss lessons learned from employment of an agile approach to “failing quickly” so that services most beneficial to healthcare workers could be identified. Finally, presenters will reflect on well-being strategies for all psychologists wishing to embark on this work in academic healthcare centers, regardless of budget and resource restraints, with an emphasis on “bite sized” interventions and approaches that can be implemented quickly depending on the readiness of the institution. The session will conclude with a discussion of assessing volunteer activities and pilot programs to build a case for dedicated time allotment for well-being work going forward.

1C: Psychology Training in Academic Health Centers during a Global Pandemic: Barriers, Opportunities, and Lessons Learned
Shannon Virtue PsyD; Kelly L. Gilrain PhD; A Bullock PsyD; Jodi Mindell PhD; Phil Fizur PsyD
Psychologists in academic medical centers play many integral roles, including training psychology externs, interns, and fellows in health and pediatric psychology. These training experiences allow students to gain exposure to direct clinical work in medical settings, as well as firsthand knowledge of the multifaceted, interdisciplinary nature of health psychology. The global pandemic surrounding the novel coronavirus (COVID-19) has led to many adjustments, challenges, and opportunities for psychologists in academic medical centers, including the training landscape. Psychologists involved in training roles have had to navigate novel issues such as developing health psychology training experiences through virtual/telehealth services, managing trainee concerns when in-person services are indicated, coordinating with graduate schools, hospital organizations, and governing organizations regarding constantly changing policies and procedures, and, more than ever, demonstrating the role of health psychology in provider well-being. The panel will discuss the challenges and opportunities faced by psychologists in academic medical centers involved in training. Dr. Kelly Gilrain, the Director of Behavioral Medicine at Cooper University Hospital, will discuss the challenges facing inpatient consultation-liaison services during a global pandemic. Dr. Anastasia Bullock, Director of Internship Training at Cooper University Hospital, will discuss internship level training within a hospital setting, including issues related to program development and accreditation. Dr. Shannon Virtue, a psycho-oncologist at the Helen F. Graham Cancer Center & Research Institute, will discuss extern and intern training in an outpatient medical setting during the transition to telehealth services. Dr. Jodi Mindell will provide insight into navigating outpatient pediatric care within an interdisciplinary team and the use of technology to support clinical training. Dr. Fizur will moderate and discuss externship plans moving forward into 2021 while the pandemic continues. The panel will offer knowledge, insight, and practical suggestions for psychologists in academic medical centers who continue to provide robust training programs.
11:25-12:25

**Session 2**

**2A: How we helped while grieving: A psychology department’s response to a physician colleague’s death by suicide**

*Britt Nielsen PsyD; Julie Pajek PhD; Lisa Ramirez, PhD; Robert Smith PhD; Terry Stancin PhD*

In September 2019, we received the shocking news that our physician colleague had died by suicide in his office in our academic health center. No one was prepared for this event and the response of administrators, physicians, and behavioral health providers was un rehearsed. The purpose of the current symposium is to discuss this event as a case example to highlight the impact of the rising rate of physician suicides in the US, which is currently at a staggering one per day, identify contributing factors, and emphasize the complexities involved in staging a response by psychologists working in an integrated health care settings. Attendees will hear how psychologists in the physician’s home department responded to support interprofessional trainees and colleagues while also managing their own shock, grief, and guilt. The psychologist who leads the hospital employee assistance program (EAP) will describe how support was provided to the entire medical system. Finally, the Chief of Psychology at the health center where the tragedy occurred will serve as discussant to (1) present the perspective of psychology leadership during the crisis; (2) tie together themes of the other presenters; and (3) outline lessons learned for developing prevention, interventions, and psychologist response protocols.

**2B: Be Wise: A Comprehensive Approach to Prevention and Treatment of Stress and Burnout in Clinicians**

*J. Kim Penberthy PhD ABPP; D. Ducar, NP; R. Westphal, PhD*

We will present background on clinician burnout and stress in our modern healthcare system, including recent data on statistics, causes, implications and impacts as well as methods for assessing and addressing the issue. We will then present a brief overview of our Be Wise program developed at UVA to address this issue in our own health system. Be Wise focuses on teaching emotional intelligence, coping, self-care, compassion, and professionalism in a health system and has preventative and treatment components as well as components that address the system issues creating stress for clinicians. We will present information about the development and implementation of this program, including 2 main components: 1) a key preventative feature of symptom monitoring via a web-based app called Ens; and 2) a key treatment CME program called Effective Coping & Communication Skills for Clinicians (ECCS) Program. We will present our development and implementation of both as well as research results. Ens is a web-based app used to assess individual and environmental stress using validated screening questionnaires and provide personalized feedback and support, especially to those at risk for burnout based on their real-time assessment. Individual scores on standardized assessments are tracked over time, as well as aggregated scores for the larger unit in which the individual provider worked. In our pilot study, feedback about the scores were used to instruct providers about effective preventative strategies. Systemic issues in the work environment were also identified and addressed simultaneously at the institutional level. The ECCS program is an intervention for clinicians demonstrating stress injury behaviors including ineffective coping and interpersonal communication skills. In this presentation we will describe the development and implementation of ECCS and outcome data. We will present how prevention and intervention can both be used to help promote professionalism, engagement, and ultimately, a healthier and safer work environment by increasing awareness of and skills in such things as stress management, emotional intelligence, compassion, resilience, and effective interpersonal communication.

**2C: Sustaining a Diversity and Inclusion Committee within an Academic Health Center Department: A Two-Year Follow-Up**

*Katherine Lingras PhD LP; Danielle Vreize PhD LP*

At the last APAHC Conference, the co-authors shared an invited presentation that focused on the process and preliminary impact of the creation of a committee focused on diversity, equity, and inclusion in the context of an academic health center. Presenters shared experiences and accomplishments of the first year of this focused committee. Lessons learned, including successes and challenges, as well as preliminary outcome data will be discussed. In the current presentation, the co-authors will share updated insights as well as preliminary data as to quantitative and qualitative impacts within the department. Particular attention will be paid to the context of 2020 (both racial and COVID-19 pandemics) and the ways in which efforts changed and shaped continued activities. Specifically, the focus of the current presentation will be on sustainability of efforts. Additionally, the unique skillsets of psychologists and other mental health professionals will be discussed in relation to current equity, diversity, and inclusion needs within academic health centers. Several of the areas of focus for the 2021 conference (e.g. psychologists as facilitators of transformative change in academic healthcare systems, psychologists roles and competencies in addressing large crises within or impacting healthcare systems, and innovative applications of psychologist competencies and skillsets in the healthcare environment) are directly relevant to this work. Presenters will touch on each in relation to the creation and work of an EDI Committee within an academic health center. Finally, potential for impacts on the larger academic health center will be discussed. Participants will be encouraged to reflect on their own home departments and discuss needs and successes.
Session 3

3A: Adaptations to Pediatric Integrated Care Models during the COVID-19 Pandemic: Lessons Learned and Future Directions
Julie Pojek PhD; Brittany Myers, PhD; Cody Hostutler PhD; Tyanna Snider PsyD; Rachel Herbst PhD; Terry Stancin PhD

Background: Amidst COVID-19 precautions, psychologists in integrated primary care are adapting to a shifting healthcare landscape. The purpose of this poster is to describe how psychologists and trainees at a public academic medical center adapted their service model for an integrated pediatric clinic during the COVID-19 pandemic.

Aims: 1) describe remote telehealth options and pre-requisites for care; 2) outline clinical process for consultation; and 3) examine the frequency of psychology consultation via telehealth.

Methods: This study took place at a fully integrated pediatric primary care center in an urban, academic health center where psychology providers were fully embedded in person in primary and specialty clinic. From March 24 to July 1, in person primary visits were prohibited under COVID precautions, and the service swiftly shifted to synchronous telephone or video interactions (telehealth). A retrospective medical record review during study dates examined completed and billed consultations. These data will be compared with average monthly consults prior to the pandemic. No specific patient information was collected.

Results: 1,170 psychology consultations and follow-up telehealth appointments were provided during the study period. Month-to-month data suggest an initial spike in services (110 visits in the last week of March, 407 visits in April, 368 visits in May, 345 visits in June).

Conclusion: Despite eliminating in-person consultations post COVID, this psychology service was able to continue to provide a high volume of primary care services using telehealth. Although telehealth services eliminated many barriers for families to access care, some families had difficulties navigating technologies. Lessons learned during COVID-19 have resulted in a new hybrid model of integrated pediatric primary care that includes both in-person and telehealth contacts that streamline communication between psychology and medical providers and extend our reach with patients.

3B: A roadmap for knowledge mobilization in academic medicine: Moving from clinical innovation to systemic implementation in pediatric pain management
Rachael Cookley PhD; Simona Bujoreanu PhD; Amy Hale PhD; Katheryn Birnie PhD; Joanne Vallely PhD; Maureen Burns BA

Across pediatric care, there remain significant gaps between scientific knowledge and routine clinical practice. Currently, it is estimated to take 17 years for evidence-based interventions to trickle into practice (Chambers, 2018). While many evidence-based psychological interventions have been developed in pediatrics, few have been systematically disseminated and access to evidence-based care remains limited. The challenges that thwart the knowledge-to-practice pipeline are related to the lack of connectivity between the evidence producers (scientists and researchers) and the evidence consumers (practitioners and healthcare institutions). Psychologists in academic medical centers who commonly straddle the two worlds of research and direct patient care may be particularly well-poised to develop, evaluate, and disseminate interventions that can effectively help to close this gap. This presentation will highlight the knowledge mobilization and translational research procedures that have informed the development, implementation, and dissemination of the Comfort Ability Program (CAP), an evidenced-based CBT intervention for adolescents with chronic pain and their parents. Now in its fifth year of dissemination, CAP has a demonstrated record of success with cross-institutional implementation and sustainability at 20 children’s hospitals across three countries. This presentation will review the six dynamic and iterative phases of research and development based on the Knowledge-to-Action Cycle (Graham, Logan, Harrison, et al, 2006) that have guided the implementation and dissemination research for this program as a roadmap for knowledge mobilization in academic medicine. The phases of CAP development include: 1) identifying knowledge and clinical gaps in care, 2) generating knowledge assets and implementation procedures, 3) evaluating clinical outcomes and systems-level processes, 4) developing and testing dissemination procedures, 5) expanding partnerships and monitoring knowledge use, and 6) sustaining knowledge use and continued innovation. Presenters will discuss theory, practical application, and lessons learned in navigating complex academic and healthcare settings.

3C-1: Einstein Cares: Rising to the challenge of supporting colleagues during the COVID-19 pandemic
Lynne H. Unikel PhD; Madeline DiPasquale, PhD; Laura C Romano, MSW; Mikaela Polman

Einstein Healthcare Network (EHN) in Philadelphia is an academic medical center with 9,000 employees serving in three hospitals, several outpatient centers and many primary practice locations. Prior to the COVID-19 pandemic, staff
wellness initiatives were integrated throughout multiple departments with no centralized "office of wellness" coordinating activities within the network. In March 2020, the EHN COVID-19 incident command center asked a psychologist to form and chair an inter-professional working group tasked with supporting the mental health and wellness needs of staff as they performed their roles while navigating the novel virus at work, at home, and in the community. Referred to as "Einstein Cares" the team split into three working groups: personal wellness, systemic support, and higher-level support. Each group met regularly to develop their own interventions and collaborate with other sub-groups when needed. The personal wellness sub-group identified resources for employees to support themselves and their families (e.g., online resources, daily wellness tips). The systemic support sub-group provided tools for employees who needed more than online support (e.g., phone and virtual support groups). Higher-level support committee members helped colleagues who would benefit from more individualized interventions (e.g., compiling information on how to obtain confidential mental health counseling, developing an anonymous employee mental health screening). This session will discuss the role a psychologist played in leading "Einstein Cares," and detail the interventions each working group provided and continues to provide. A collaborative project between the personal wellness and systemic support committees will be highlighted. Successes and lessons learned will be discussed. The session will end with a conversation on the role psychologists can play as part of an inter-professional team in implementing mental health and wellness initiatives in academic health centers.

3C-2: CopeColumbia: Rapid Development and Deployment of an Evidence-based Program of Support for Health Care Workers During COVID-19

Claude Ann Mellins PhD; Deborah R Glasofer; AM Albano, MJ Devlin, SS Nash, E Engle, C Cullen, YK Ng, A Allman, E Murphy Fitelson, A Vieira, RH Remien, P Malone, ML Wainberg, L Baptista-Neto, LES Mayer

An unprecedented international public health crisis, COVID-19, has overwhelmed medical centers and psychologically affected health care workers (HCW). Although the emotional toll of epidemics and risk for HCW burnout are well documented, HCW well-being during prolonged, potentially lethal crises like COVID-19 require novel evidence-based paradigms. Responding quickly to the NYC pandemic surge, psychologists and psychiatrists in the Department of Psychiatry at Columbia University Irving Medical Center (CUIMC) developed CopeColumbia, an innovative peer support program designed to boost HCW's emotional well-being and professional resilience, and combat sustained and adverse mental health distress in an accessible, non-stigmatized manner. Grounded in evidence-based practice and research, CopeColumbia offered brief peer support groups, individual sessions, and interactive town halls. An online platform was developed to disseminate vetted, psychoeducational resources and serve as a referral resource. An interdisciplinary team created a CopeColumbia Facilitator's Guide to inform the work. In this workshop we will share our experience of this collaboration, provide an overview of the Facilitator's Guide, describe common themes, emphasize strategies used to address stressors, and review program feedback data. We will identify anticipated challenges to HCW and support staff well-being as the COVID-19 continues to evolve (including potential resurgences), assess challenges to health care systems, and review critical lessons learned. We will also explore how substantive health disparities and the emotional toll of historical and recent racial and social injustices have magnified stress for HCW, especially those of color. Critical lessons revealed 1) the benefits of our model for prevention of acute HCW distress and burnout, 2) the continuous need for effective linkages to well-being programs and mental health services to sustain our workforce and provide optimal patient care, 3) the benefit of multidisciplinary teams supporting a diverse corps of HCW, and 4) the need for organizational support, leadership, and advocacy for programs like CopeColumbia.

3C-3: Creating and Sustaining Provider Wellness Programs in Academic Health Centers: Addressing HealthCare Workers Psychological Needs in Light of Covid-19

Kelly Gilrain PhD; Philip Fizur, PsyD; Anthony Rostain, MD; Vanessa Downing, PhD; Jonathan Fisher, MD; Anastasia Bullock, PsyD

Provider Well-being has been a topic highlighted in the healthcare literature and has gained growing attention across hospital health systems. The ideas of burnout, compassion, resilience and professional fulfillment are essential to address within the healthcare community as they directly impact not only our providers but the subsequent patient care. Numerous factors have contributed to provider burnout symptoms including high number of hours worked per week, inadequate reimbursement for aspects of care management, increased administrative requirements, difficult job situations and interpersonal relationships. The symptoms of burnout include emotional exhaustion, a poor sense of personal accomplishment, depersonalization and difficulties expressing or embodying empathy, sympathy and compassion with our patients. This can threaten patient safety, quality of care as well as patient and physician satisfaction. The literature is clear that a multi-pronged approach is required to be effective in decreasing burnout symptoms, improving compassion and resilience and enhancing professional fulfillment. Since the arrival of Covid, there has been an increase in report of these symptoms across our Providers and staff. This Panel Discussion will examine Provider Well-Being programs and the factors (i.e. - resilience, fulfillment/meaning, burnout, compassion) that should be identified and addressed using a collective approach of individual, leadership and organizational interventions. Speakers
from Well-being programs will provide perspective on how to initiate these programs, discussions to be had with senior level executives, and characteristics to target to make notable change and ensure longer term vision to sustain this change. A focus will highlight how programming has changed or stayed the same in light of Covid19 as well as the future plans for Provider and Staff Well-being Programs.

2:20-3:20

**Session 4**

**4A-1: Psychologists as Medical Educators: Communication Coaching for Resident Physicians**

*Andrea Garroway PhD; Lauren DeCaporale-Ryan PhD; Keisha Bell, PhD; Susan McDaniel, PhD*

Communication is an essential skill but can be challenging to teach and assess. Many factors influence communication with patients, families, and teams, including the demands of rigorous residency training which can contribute to professionalism issues or burnout. The University of Rochester Medical Center Physician Communication Coaching program launched in 2011-2012, aimed at enhancing physician faculty skills in patient- and family-centered communication and improving the patient and family experience of care. In recent years, the program has expanded to include psychologist faculty embedded into residency programs providing ongoing clinical communication coaching. Communication training for residents is an opportunity to promote improved professionalism, support positive patient and physician outcomes, identify wellness concerns early, and connect residents to resources to prevent/address burnout. Our clinical communication coaching has a standardized 5-step process that involves live observation of patient encounters with individualized written and verbal feedback. Coaches code the patient-physician dialogue using an expansion of the Cambridge-Calgary Patient-Centered Observational Checklist. Since 2013, 261 residents from nine residency programs have been coached. Of those formally surveyed for feedback since 2018, 96% rated the experience either Very Helpful or Helpful. Qualitative feedback has also proven positive and reflects residents' appreciation of the depth and quality of the coaching. Residents routinely commented that coaching is unobtrusive and helps them understand their communication skills in a way they had previously not been aware. Due to the growing demand for additional communication coaching from other residency and fellowship programs, two authors (S.M. and L.D.-R.) developed a formalized two-year, part-time training program for interested faculty and psychology postdoctoral fellows to become communication coaches. Currently we have 8 senior coaches providing communication coaching to faculty across the Medical Center approximately 1 day per week. We anticipate continued growth of our program, with 11 coaches currently in training in 8 clinical departments.

**4A-2: Psychology Trainee Mental Health During The COVID-19 Pandemic: Who Is Most At-Risk?**

*Mallory Schneider PhD; Amanda Cherry, PhD; Taylor Greif, PhD; Ashley Galsky*

Introduction: The impact of infectious disease outbreaks among frontline healthcare and mental healthcare workers is well-established. Less research has focused on healthcare trainees, who are often working alongside established providers during such events. Recent research among psychology intern and postdoctoral trainees during the COVID-19 pandemic found that 40% reported clinical levels of anxiety and 20% reported clinical levels of depression (Schneider et al., 2020). Aims: The present study aimed to further examine differences in anxiety and depressive symptoms during the COVID-19 pandemic by training level, gender, marital status, and race/ethnicity. Better understanding which trainees are particularly at risk for distress during catastrophic events such as the COVID-19 pandemic can further inform the development of trainee support. Methods: Participants (N = 426) consisted of trainees who were completing their psychology internship (63.2%) or postdoctoral (35.4%) training year(s). Participants primarily identified as female (87.1%), married (43%), and White (73.7%). ANOVA, MANOVA, and Kruskal-Wallis tests were used to examine hypotheses. Results: Participants who identified as psychology interns (d = .26), female (d = .59), and single (d = .58) were particularly at risk for elevated mental health symptoms. Participants who identified as Asian/Pacific Islanders reported lower levels of anxiety symptoms than Hispanic/Latino individuals (p < .05), who had the highest reported mean of anxiety symptoms. Discussion: Results indicate that advanced psychology trainees who are intern-level, female, and single are at elevated risk of distress during a global pandemic and may require additional supports. Findings highlight the importance of social support and raise further questions regarding the experiences of female intern trainees. There were minimal differences among race/ethnicity groups, which may be attributable to sample size. Overall, findings can direct supports for psychology trainees within academic medical centers and other training facilities during unprecedented events like the current COVID-19 pandemic.

**4A-3: Psychologists’ Role in Training Psychiatry Residents for Psychotherapeutic Intervention: Lessons from the Virtual Classroom**

*Gerald Leventhal PhD; Heather Wurtz, MD; Rashi Aggarwal, MD; Shannon Virtue, PsyD*

This presentation discusses issues of concern for faculty psychologists who provide psychotherapy training for psychiatry residents, the residents who receive that training, and faculty psychiatrists who oversee residency training. One type of issue is linked to the COVID-19 pandemic, and steps to reduce risk of virus transmission among patients, trainees, and training/teaching staff. For example, even for those psychologist instructors that have extensive experience with training
psychiatry residents, the shift to virtual classroom settings calls for substantial modifications in teaching approach. The second type of issue is longer-term, and not limited to the era of COVID-19. These issues concern the evolving role of psychotherapy as a component of the practice of psychiatry, i.e., how often and in what ways individual psychiatrists currently use formal psychotherapeutic intervention as a treatment modality, and whether and how psychiatrists work closely with other mental health professionals who very often do provide psychotherapeutic intervention for shared patients. This latter issue likely influences administrative decisions regarding the mix of training content for psychiatry residents. Our presentation concerning these issues is shaped by shared experience with a 6-week, hour-per-week course on interpersonal psychotherapy (IPT) with: Author 1 being a faculty psychologist who provided that training, Author 2 being a psychiatry resident who took the training course, and Author 3 being a faculty psychiatrist with oversight for diverse components of psychiatry residents' training. The presentation helps broaden understanding of psychologists' patterns of interprofessional collaboration beyond the realm of interprofessional team-based clinical care, and by considering psychologists' roles in providing interprofessional education for psychiatry residents and other healthcare disciplines.

4B: Psychologists as Facilitators of Transformative Change in Times of Crisis
Vanessa Downing PhD; Brenda Boatswain PhD CGP; Nicole Eull PsyD; Heather Hartman-Hall PhD; S. Craig Rooney PhD
This panel discussion will bring together psychologists who have attended to the unique needs of their healthcare worker colleagues during the pandemic to reflect on and share their experiences and lessons learned. Discussants range from psychologists working in full-time dedicated healthcare worker well-being roles to those adding this emphasis to preexisting clinical roles. We will explore how specific skills, competencies, and professional identities as psychologists facilitated and enhanced system level responses to the pandemic crisis. Discussion topics will include: the various roles psychologists can play in the well-being efforts of academic healthcare systems; identity and on-the-job professional development experiences that prepared them for this work; common themes and challenges associated with working within a medical model, culture, and hierarchy during a far-reaching crisis; commonalities in core work performed by all discussants and points of divergence; leadership roles for psychologists in creating culture change and resilience initiatives in academic healthcare settings; and, ethical dilemmas facing those providing mental health and well-being resources to colleagues. Discussants will share advice about interventions that can be rolled out quickly by others interested in doing this work in their own institutions, and will also detail the benefits and risks of well-being work for healthcare psychologists, with a special emphasis on the role of self-assessment and self-care for this group of "uber helpers."

4C-1: Psycho-Oncology: Meeting the needs of oncology patients during the COVID-19 pandemic
Amy M. Williams PhD; Jessica Hamilton, PhD; Shannon Virtue, PhD; Stacey Maurer, PhD; Nicole Duffy, PhD
The impact of the COVID-19 pandemic has varied widely based on region. The impact in care for patients within academic health centers has also varied widely by region, with some regions continuing care as typical and others restricted to telehealth for care. Despite these impacts, patients receiving oncology care have often continued to receive care as typical, continuing to come in regularly for chemotherapy or radiation, yet are among the most vulnerable to COVID-19 infection. This vulnerability, in addition to a cancer diagnosis and undergoing active cancer treatment, contributed to increased distress in oncology patients. Psycho-oncology is a sub-specialty within health psychology that provides evaluation and care for patients within the cancer survivorship continuum, with a focus on the intersection of the psychological and medical impacts of cancer. As patients were continuing to receive in-person cancer care, psycho-oncology was impacted by regional restrictions on in-person care and needed flexibility to continue to care for this vulnerable population. This presentation seeks to educate on the role of psycho-oncology across the cancer survivorship trajectory. We will also provide examples of psychological care adaptations, including supporting practice data, within this vulnerable population from 4 cancer institutes across the country, each with different regional restrictions and COVID-19 impacts at the University of Kansas Cancer Center in Kansas City, Helen F. Graham Cancer Center & Research Institute in Delaware, Medical University of South Carolina Hollings Cancer Center in Charleston, and Henry Ford Cancer Institute in Detroit, Michigan. Finally, we will discuss the future state of psycho-oncology care in the wake of COVID-19, as well as barriers, opportunities, and lessons learned.

4C-2: Addressing health disparities in pediatric Sickle Cell Disease: Developing a flexible and accessible intervention to teach cognitive and biobehavioral pain management skills
Rachael Cookley PhD; Simona Bujoreanu, PhD; Amy Hale, PhD; Maureen Burns, BA
Even with optimized medical care for the management of pain, many pediatric patients with sickle cell disease (SCD) report persistently high pain and corresponding functional impairments. Pain management skills rooted in cognitive behavioral therapy (CBT) can reduce pain and improve function for patients with this disease. However, given significant disparities in health care resources and ongoing mental health stigma, most patients with SCD do not gain access to
these evidence-based skills. This presentation highlights a knowledge translation process that addresses research identified barriers in care in an underserved and underrepresented population. The Comfort Ability Program, a 12-hour CBT pediatric pain management intervention, was adapted into a brief video-based intervention to flexibly provide pain neuroscience education, psychoeducation, and biobehavioral skills training to pediatric patients with SCD pain. A primary goal of the structured development process and feasibility testing was to ensure ease of access and a flexible delivery platform to address identified patient and systems-level barriers to care that have historically limited access to evidence-based psychological interventions for patients with SCD. Intervention development was completed in 4 phases: (1) convening an expert panel to review literature, discuss logistical and cultural barriers to care, and adapt the existing curriculum to a video-based format for the needs of adolescents with SCD; (2) conducting a pilot testing of content with patients and parents and a moderated focus group discussion; (3) generating and producing an interactive video and corresponding workbook for intervention delivery; and (4) testing feasibility in both inpatient and outpatient settings. Initial evaluation of program implementation found that this 2-hour intervention is highly acceptable to adolescents and parents, can be administered in an individual or in a group based setting, and that a wide array of providers (psychologists, social workers, nurses, child life specialists) can be trained to support its implementation.

4C-3: A proposed interdisciplinary telehealth model for the assessment of autism spectrum disorder during the COVID-19 pandemic and beyond

Sharnita Harris, Ph.D., Elizabeth Kryszak, Ph.D., Charles Albright Ph.D.; Kevin Stephenson, Ph.D., Megan Norris Ph.D., Jane Hamel-Lambert, Ph.D., Claire Burns, Ph.D., James Mulick, Ph.D.

A comprehensive telehealth assessment model enabling evaluations for Autism Spectrum Disorder (ASD) and other neurodevelopmental disorders has long been overdue. Disparities in access to services, influenced by individual factors (e.g., finances, transportation, insurance, literacy, languages) and further compounded by the structural design of our major healthcare systems (e.g., daytime hours, large complex campuses, professional jargon, and low health professional diversity) have resulted in health disparities. Despite the known inequities, progress towards the widespread use of telehealth services had been painstakingly slow prior to the global COVID-19 pandemic. Now, fueled by the national emergency declaration triggered by the pandemic, new models have emerged, not only poised to redress disparities, but also to preserve the delivery system. Wejnert’s (2002) articulation of the diffusion of innovations theoretical framework contextualizes the development, adoption, and adoption of our comprehensive interdisciplinary model for the assessment of ASD. We will discuss how the pandemic defined the context of the innovation (i.e., the public and private consequences and the cost and benefits of adapting a telehealth model) and interacted with the characteristics of the innovators and actors. We will present our model which reconsiders the use of accepted evidence-based assessment tools and theory to best fit the unique challenges and opportunities of a telehealth platform. Additionally, we will discuss adaptations that were implemented to increase the model’s acceptability, while reporting data on clinician confidence and patient acceptance. Eighty-six percent of evaluations conducted within the first 2 months resulted in a diagnostic decision (vs. diagnosis deferral), and our clinic rapidly reached full operating capacity, completing interprofessional evaluations with diagnostic confidence for children of all ages. Recommendations for increasing acceptability of telehealth innovations at other academic medical centers will be discussed along with the need for further research to validate and disseminate similar models to increase access to services.

3:40-4:40

Ethics

Applying Ethical Principles to a Telehealth Environment: Considerations Over the Lifespan

Rachel Buehner, PhD, MED; Dan Florell, PhD

As telehealth becomes more prevalent, exciting strides in technology are making waves in the areas of the mental health assessment, diagnosis, and treatment of child, adolescent, and adult clients. Dilemmas come up that clinicians have never been trained for or even considered due to the digital nature of the interactions. As clinicians endeavor to understand how best to provide ethical and evidence-based care to their clients, a discussion of which therapeutic approaches are showing promise, and with which types of clients, is vital in this time of necessitated computer and telephone-based care. This presentation will use the APA Guidelines for Telepsychology to structure the discussion of legal and ethical issues along with the techniques and therapeutic approaches that are especially suited to telehealth, and the role of telehealth in mental health care in the immediate and long-term future.
Poster Abstracts

Thursday, March 4, 5:40-7:00 CST
Room 1 – Health Psychology


*Anthony Nedelman, Ph.D.; Eric Berko, Ph.D.*

**Background:** Although there are well-understood medical pathways that lead to issues of erectile dysfunction, premature ejaculation, sexual desire disorders, and chronic pelvic pain, little is known about the psychological contributors to these urological and sexual health disorders (USHD).

**Methods:** A topical review of the literature was conducted using a Boolean search of the PsychInfo and PubMed databases. Results: Using a combination of search terms related to mental and behavioral health of erectile dysfunction, premature ejaculation, sexual desire disorders, and chronic pelvic pain, 39 papers resulted. Of the papers that met predetermined inclusion criteria, twelve papers addressing psychological implications of USHDs remained. Of these, 11 were empirical studies. The majority of the empirical studies (n = 7) demonstrated the effectiveness of utilizing a cognitive-behavioral intervention to improve outcomes, whereas only one study elaborated on the contribution that psychological variables can play on these primarily medically-conceptualized cluster of disorders. Further, there is a significant absence of data on the etiology and psychological contribution to premature ejaculation and sexual desire disorders.

**Conclusions:** Although urological and sexual health disorders (USHDs) are reported to cause significant impairments across biopsychosocial contexts, there is surprisingly little empirical work to guide psychological services for individuals with USHDs. The current review found that the current literature generally supports the effectiveness of cognitive-behavioral interventions for USHDs. Further, there is little data on the psychological contributors of premature ejaculation and sexual desire disorders. Health psychologists are well-suited to consult with urology and similar disciplines to help address the psychological and behavioral health factors that lead to these very distressing difficulties. There is emerging evidence that through targeted assessment, psychoeducation, and intervention, health psychologists can assist with functional improvement for the patient as well as provide a much-needed support service to the medical team.

P1-B: Relationship between Palatable Eating Motives and Weight Loss during Gut-Cued Eating.

*Taylor White; Mary Boggiano, PhD*

Obesity is a major health concern. Unfortunately, weight-loss programs (WLPs) can be complicated and require radical changes in eating to be sustained. Many WLPs also do not consider behavioral differences that exist among those with obesity. Therefore, this study used the Palatable Eating Motives Scale (PEMS), which identifies different reasons for eating obesogenic-foods, in 34 adults with a mean BMI of 33.4 who participated in a novel and simple weight-loss approach dubbed Gut-Cued Eating (GCE). The goal of this study was to determine if frequency of eating for PEMS motives changed from the first to last day of GCE and if changes were associated with weight loss. Briefly, GCE asked participants to “eat only when hungry and stop eating before full” for 2 months after teaching the difference between true, “stomach”, and “mouth” hunger. Results revealed that frequency of eating for Coping, Reward Enhancement, and Social, but not Conformity PEMS motives decreased from the first to last day of GCE (p = .009,.003,.001, respectively). Importantly, the decrease in eating for Coping, Reward Enhancement, and Social motives were associated with greater weight loss (p = .006,.001,.02, respectively) and a greater decrease in BMI (p = .003,.002,.009, respectively). The results are the first to tie a decrease in PEMS scores with weight loss under a controlled intervention. Results also inform specific PEMS motive-types that are most likely to benefit from a WLP like GCE that focuses on increasing awareness of one’s own stomach sensations to control when and how much to eat.

P1-C: Understanding Psychologists' Role in Integrated Behavioral Health Simulation Training.

*Jaya Mallela, BA; Izdihar Dabashi, BA; Ashley Sainvil, BA; Lila Pereira, PhD*

**Background:** It is now well established that the integration of behavioral healthcare into the home model improves patient outcomes, reduces costs, and increases resident learning. As academic health centers become increasingly integrated, targeted training for interprofessional collaboration around behavioral health needs is needed. Simulation education can provide this training. Health service psychologists are well-poised to support this move because of their specialized training in integrated healthcare compared to other behavioral health providers. Therefore, the present exploratory study aimed to evaluate existing simulation programs and develop recommendations for integrated behavioral health training and evaluation.

**Methods:** Directors of ACGME accredited residency programs that are high utilizers of the medical home model (Pediatrics, Internal Medicine, Medicine/Pediatrics, Family Medicine) as well as Psychiatry residencies and medical schools with membership in the Society for Simulation in Healthcare (N=~2300) were recruited to complete a 26-item survey. This survey assessed integrated behavioral health simulation, role of psychology faculty in these training, and methods for evaluation.

**Results:** Preliminary results indicate that while many academic health centers offer integrated team and behavioral health simulations, few utilize psychology faculty in design, implementation, and evaluation. Other behavioral health providers...
(psychiatrists, social workers) were often involved in medical school and pediatric residency simulations. Few institutions use standardized evaluation and instead use qualitative feedback and faculty-written questionnaires to evaluate efficacy.

Conclusions: Results suggest that psychologists play only a small role in integrated behavioral healthcare simulation, despite their expertise in interdisciplinary training and integrated healthcare. Further, without rigorous methods for evaluation, it remains unclear whether learner outcomes following simulation training translate to clinical performance. Psychologists are uniquely suited to solve these evaluation issues as well, given their competency in measure development, health service delivery, and interprofessional collaboration. Future directions to increase psychologists, contributions to integrated behavioral healthcare simulation training will be included in the poster.

Room 2 – COVID-19

P2-A: Motivational Interviewing Techniques to Support Flu Vaccination During COVID-19.
Amanda Perkins, PhD, ABPP; Swap Mushiana, MS; Briahna Yuodsnukis, MS
During the COVID-19 pandemic, it is critically important to achieve high influenza vaccination coverage to protect Veterans, healthcare personnel (HCP) and the VA community at large, and to avoid additional burden on patients and the healthcare system from influenza when COVID-19 is spreading. Additionally, some evidence suggests worse clinical outcomes in patients infected with both SARS-CoV-2 and influenza, and correlation between higher influenza vaccination rates and fewer deaths during the pandemic. Healthcare practitioners face many challenges when recommending vaccinations, with many patients refusing vaccination due to various concerns. Changing how clinicians communicate about vaccines has been shown to be effective at increasing vaccination uptake. Among patients who resist vaccine recommendations, motivational interviewing (MI) may improve vaccine acceptance. Hence, in an effort to support productive conversations about flu vaccination during COVID-19, we provided MI training and support tools to primary care staff. Discussion will include an overview of the flu-focused MI techniques highlighted, as well as the strategies we used to promote use of these skills such as flu-focused scripting, tip sheets, weekly email, Teachable Moments, and discussion during primary care daily management system huddles.

P2-B: Behavioral Health Outreach for COVID-19 Patients: Lessons Learned from a Primary Care Clinic.
Alexandra Laffer, M.A.; Araba Kuofie, M.A.; Lindsey Jenkins, Ph.D.; Krithika Malhotra, Ph.D.
Background/Issue: The current COVID-19 pandemic has resulted in increased mental health concerns including depression, anxiety, and post-traumatic stress. A recent review of the psychological impact of quarantine highlighted the association between stigma and infectious disease and its impact on avoiding seeking treatment. The primary care context provides a rich opportunity for behavioral health providers to preventatively assess and address these concerns.
Description: An integrated behavioral health (IBH) team in a Family Medicine clinic at an academic medical center in the Midwest developed a quality improvement project to contact COVID-19 positive patients by telephone. The aim of the project is to assess the patient, their behavioral health needs and to provide emotional support accordingly. Assessments are conducted by a doctoral-level psychology student and include the PHQ-9, GAD-7, Impact of Event Scale-6, and Social Impact Scale. Lessons Learned: This project was formulated and implemented in March 2020 and is ongoing. Lessons learned include: platforms for remote implementation, patient recruitment using an electronic medical record, and data collection practices. Various challenges were encountered, such as: the length of time from when the patient was diagnosed with COVID-19 and assessment administration, the need for interpreters, patients for whom a telephone call may not have been appropriate, and sustainability of the project.
Implications/Recommendations: Implications for developing a preventative behavioral health initiative during unprecedented times as a way to provide services to patients remotely will be discussed. Recommendations include calling patients closer to date of initial COVID-19 diagnosis and considering technology that protects privacy of patients and providers. Given limited resources and the volume of positive cases over time, we have had to be creative and flexible with our approach.

Genvieve Livingston, PsyD
This quality improvement project examines the implementation of group Cognitive Behavioral Therapy for Insomnia (CBT-I) using virtual adaptations during the COVID-19 pandemic. While CBT-I is well established as a first-line treatment for the management of insomnia, with previous research indicating that both face-to-face and virtual formats are equally effective. The literature identifies access barriers, patient adherence, and poor treatment attendance as common challenges with CBT-I. The aim of this project is to improve access to clinical services, reduce patient obstacles, and maintain the integrity of traditional CBT-I in a virtual environment. Improvements include the use of multiple delivery formats, flexible timing, and the addition of individual phone support. Virtual CBT-I groups were compared to traditional face-to-face CBT-I groups to determine differences in attendance and insomnia symptom improvement using the Insomnia Severity Index (ISI). Patients who completed virtual CBT-I had similar ISI scores when compared to in-person CBT-I. The addition of individual phone support was associated with improved ISI scores and better treatment attendance. Qualitative information from patient surveys were also reviewed to better understand the patient's experience and satisfaction with virtual CBT-I. These finding are intended to promote the use of digital interventions and provide ideas to improve the access and delivery of clinical services during this global crisis.
P2-D: COVID-19 and health disparities: Preliminary analyses from a behavioral health outreach initiative.

*Araba Kuofie, M.A., Alexandra Laffer, M.A., Lindsey Jenkins, Ph.D., Kritika Malhotra, Ph.D.*

Introduction: The novel Coronavirus (COVID-19) pandemic continues to cause unprecedented devastation across the world. In the United States, a concerning trend has emerged. The pandemic has highlighted health disparities in which minority groups consistently shoulder the greatest burden of the virus.

Methods: A quality improvement project was conducted via an integrated behavioral health team in a primary care clinic at a large academic medical center. The team, comprising of licensed psychologists and psychology learners, contacted clinic patients who tested positive for COVID-19. Data collection included demographic information, a brief history of their experience with COVID-19, and questionnaires evaluating the patient’s depression, anxiety, posttraumatic stress reactions, and stigma around testing positive. A total sample of 245 COVID-19 positive patients were included in the preliminary analyses. Initial analyses looked at racial/ethnic, gender, and age disparities between those that tested positive for COVID-19 and the overall clinic population in an urban underserved community.

Results: While the quality improvement project continues to provide outreach to those who have tested positive for COVID, initial results showed that Blacks, Hispanic/Latinx, and patients that identified as “Others” bore a disproportionate burden of COVID-19 infections as compared to the demography of the clinic. Age and gender disparities were also evident such that patients who were younger or female had higher rates of COVID-19 infections. Additionally, approximately 33% of individuals required translators which highlights a unique barrier to providing behavioral health interventions over telephone. Mean scores for mental health variables were as follows: PHQ-9 = 4.33, GAD-7 = 3.37.

Discussion: The pandemic has shone a spotlight on health disparities and created an opportunity to address the causes underlying these inequities. Studies are needed to further explore and respond to the unique challenges that the crisis presents for minority groups.

Room 3 - Pediatrics


*Jessica Simpson, PhD; Melissa Armstrong-Brine, PhD*

Autism Spectrum Disorders (ASD) is a life-long neurodevelopmental disorder with a current prevalence rate estimated at one in every 54 children (Maenner et al., 2020). It is vital that children at risk for ASD are properly screened/assessed, as this enables access to treatment recommendations and important intervention services. Although there are a variety of assessment tools available to diagnosis ASD, there are several “gold-standard” measures most commonly utilized, including the Autism Diagnostic Observation System, Second Edition (ADOS-2). Further, in major medical and developmental, best practice dictates an integrated, interdisciplinary assessment process. With the onset of the COVID-19 pandemic, many best practices for ASD diagnostic assessments had to be quickly altered or replaced. Due PPE requirements (e.g., masks, social distancing), the ADOS-2 is no longer a reliable and valid measure of social interaction. Furthermore, state and institution-based restrictions limiting in-person patient visits, the number of people accompanying patients, and the occupancy allowance of clinical space derailed many typical interdisciplinary team practices. Most impacted were young children or those with more severe symptoms who cannot follow guidelines for personal safety and disease prevention; the patients for whom appropriate evaluation is perhaps most essential.

Thus, the need for comprehensive ASD assessments remains despite COVID-19. This work examines how a public academic medical center transformed their assessment procedures to meet the challenges of COVID-19 to continue serving the needs of a diverse and underserved community. Accommodations include utilizing technological advances in telehealth, implementation of several levels of safety precautions to support in-person assessments, and implementing alternative testing processes while continuing a collaborative interdisciplinary assessment method. Future directions based on this information will be provided with a focus on how these assessment procedures may continue to be relevant in a post-COVID environment.

P3-B: Physician Attitudes and Opinions on Trauma-Informed Screening in Pediatric Primary Care: Preliminary Focus Group Results.

*Kelsey J. Sala-Hamrick, PhD, Brian Isakson, PhD, Sara Del Campo De Gonzalez, MD, Agatha Cooper, BA, John Buchan, LCSW, Javier Aceves, MD, Elizabeth Van Orton, MA, Jill Holtz, PhD & Destiny M. Waggoner, PhD*

Given the high prevalence of pediatric stress exposure and its profound health consequences for children and adolescents, recent focus has been given to implementing trauma-informed strategies that effectively provide support to both traumatized children and families and those at-risk for future traumatic experiences. Pediatric primary care clinics could serve as key access points to treatment for young people who have experienced stress. However, few primary care physicians feel comfortable discussing or utilizing trauma-informed approaches with the youth and families they serve. Medical providers are often constrained due lack of training, time and financial limitations and institutional barriers. Moreover, much of the existing literature on integrating trauma-informed practices into medical clinics is theoretical, which can lead to difficulties when frontline community clinics in under-resourced areas attempt to implement these concepts into practice.

In collaboration with the Pediatric Integrated Care Collaborative, SAMSHA and the National Child Traumatic Stress Network Young Children Health Center (YCHC), a pediatric primary care clinic serving low-income Latino and refugee children, implemented a brief
trauma-informed screening process. Utilizing the plan-do-study-act model, YCHC successfully implemented a traumatic stress screening at all well-child visits that resulted in increased identification of need, referral and utilization of behavioral health care services. As part of the evaluation of this process, a group of the clinic’s attending physicians and residents (N=17) participated in provider focus groups in order to obtain providers thoughts and opinions on both the trauma-informed screening process and the process of implementing it at the clinic. Overall, physicians reported positive views on utilizing this trauma-informed approach in primary care including increased comfort in discussing trauma with patients, improved relationships with children and families and improved effectiveness in identification, referrals and treatment attendance.