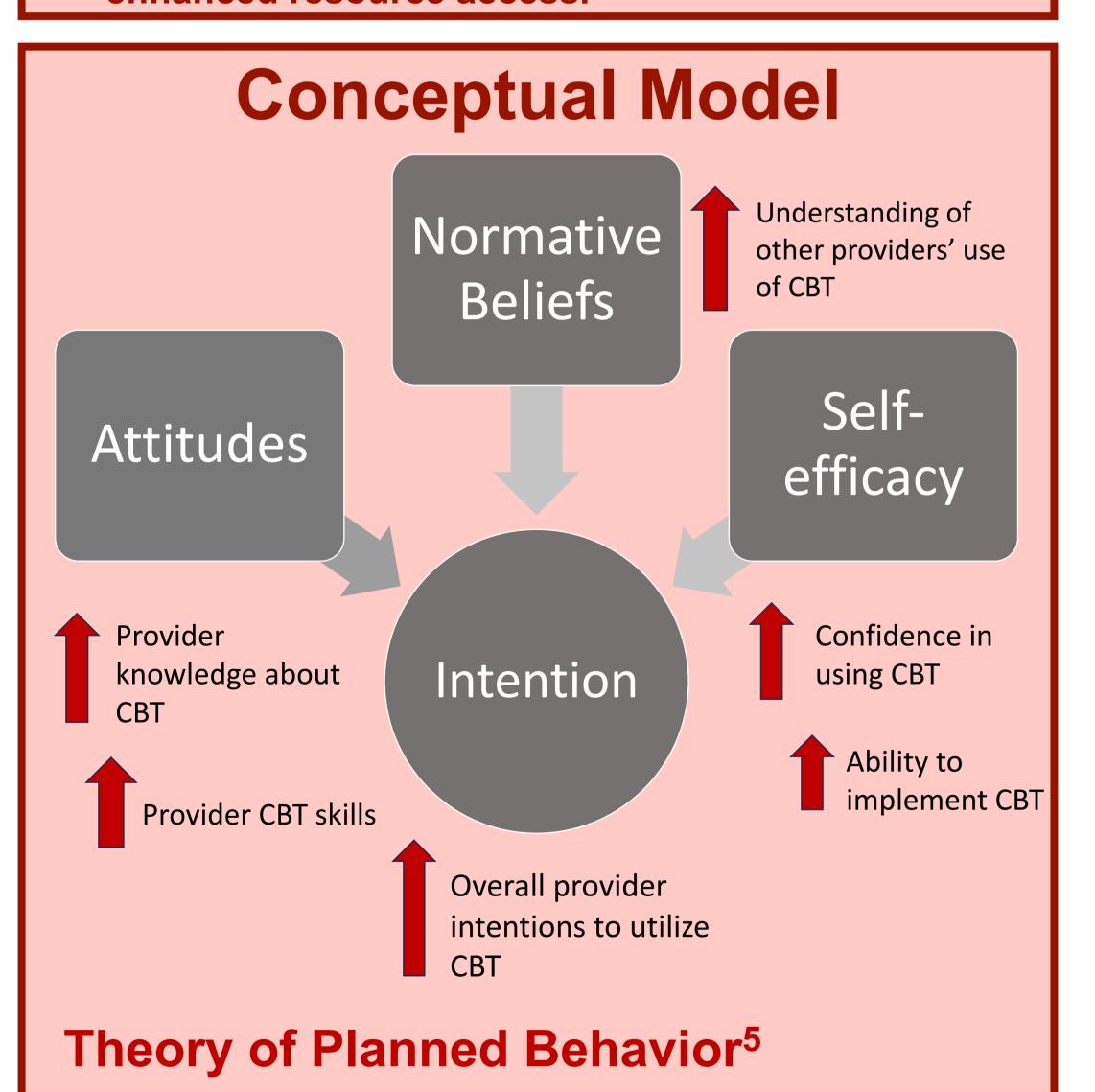
Use of a community-based participatory research approach to develop an internet-based consultation and networking platform (i-CAN) for increasing use of CBT among youth mental health providers

Nicole R. Friedman, Tolu Agboola, Shanta' Burrell, Nicole Powell, Chuong Bui, Matthew Hudnall, Catherine Carlson, & Susan W. White Center for Youth Development and Intervention, University of Alabama

### Background

- Anxiety is one of the most common mental health problems, affecting 32% of youth<sup>1,2</sup>.
- Cognitive-Behavioral Therapy (CBT) has the strongest evidence base for treating youth anxiety, yet it is not consistently implemented, even by trained providers<sup>3</sup>.
- Provider-level obstacles to uptake and sustained use of evidence-based intervention (i.e., CBT) include insufficient knowledge, skills, and limited access to ongoing support and consultation.
- Consultation facilitates uptake, but clinicians in smaller practices, or serving multiple entities, or in rural areas may have limited access to consultation resources<sup>4</sup>.
- The goal of i-CAN is to increase community providers' use of CBT for youth anxiety via (1) remote peer engagement, (2) consultation, and (3) enhanced resource access.



#### References

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Engage a participatory workgroup of community youth mental health providers

Interactive

Workshop #1

Develop i-CAN platform to facilitate provider support and consultation

Pilot RCT to test provider acceptability, feasibility, and satisfaction

Examine changes in self-reported intentions to use CBT

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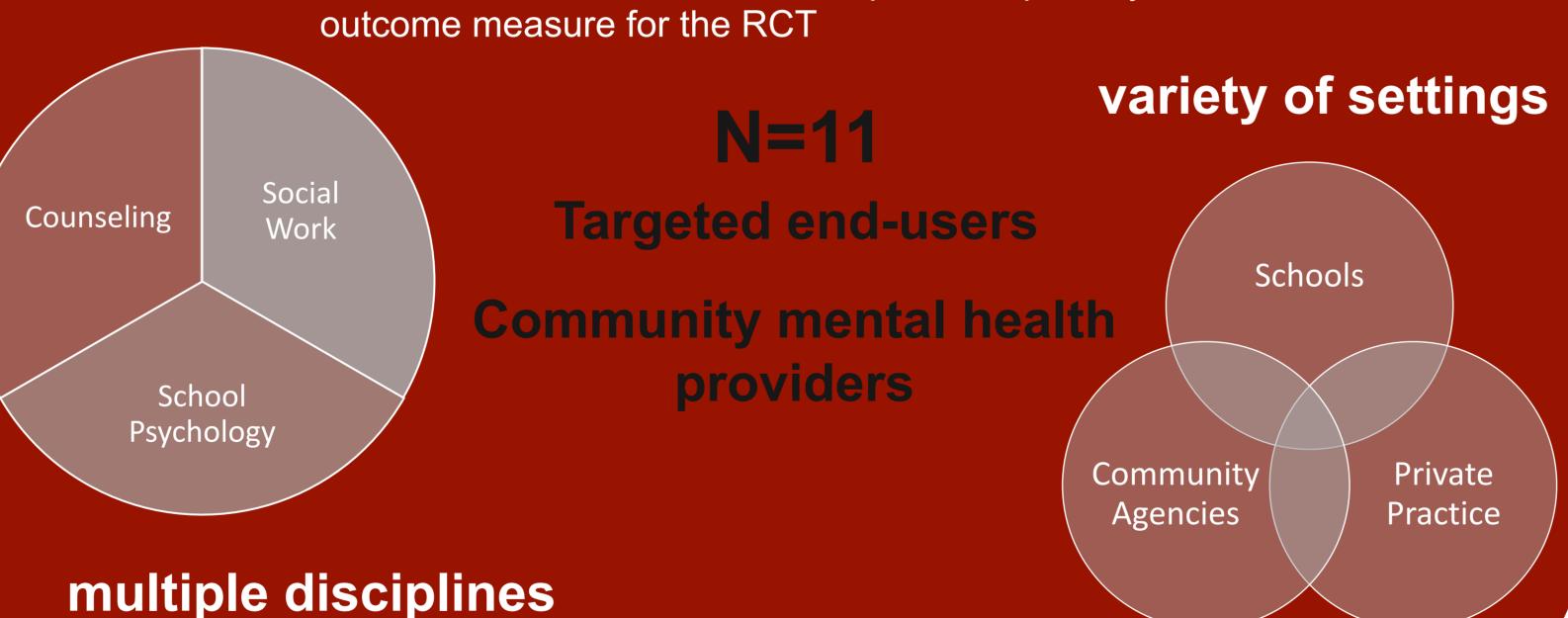
# Participatory Workgroup 10 weeks

Interactive

Workshop #2

Interactive Workshop #3

- Contributed to format, content, and user interface
- Interacted with beta version of i-CAN across 6 weeks
- Input integrated within real-time
- Advised research team on development of primary



## Peer Navigator Approach

- Uses a peer-navigator approach<sup>6</sup> = initially utilized to facilitate access to care among women with breast cancer.
- Adapted for the provider-level, where key strategies (i.e., consultation, sharing resources) is applied by peer providers.

### Research to Practice

- Leverages readily available, commercially available products (i.e., Slack, Github).
- Easily customizable to fit the everevolving research base.
- Reduces technological barriers to future replicability.
- Easily scalable for other areas and hosts.

### The i-CAN Platform

Continued skill development

Experiential training

Implementation support

Troubleshooting problems

Learning from successful delivery

1) ASK QUESTIONS!

We are all here to help each other, and there are NO dumb questions.

2) SEEK HELP ABOUT A **DIFFICULT CASE** 

Post in the channels about any cases that currently have you stumped, to solicit feedback or ideas from your peers.



3) SHARE RESOURCES

• Share helpful resources that you have

• Looking for helpful resources on a particular topic? Maybe others can help!

4) HELP YOUR PEER CLINICIANS

Reply or react to other participants' posts! Help answer questions & provide feedback where you have helpful expertise!



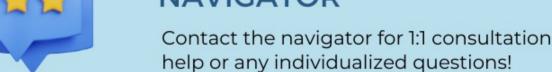
about!

5) ACCESS THE RESOURCE HUB The "Resource Hub" Channel provides a catalog additional CBT resources

6) USE THE "SEARCH" FEATURE Search prior posts/threads for specific topics or key words that you are curious



7) PRIVATE MESSAGE THE **NAVIGATOR** 



#### Randomized Controlled Trial (RCT)

The RCT is ongoing now with a target enrollment of 100 community providers from across the state of Alabama

N = 75 enrolled

Funding: NIH (White; R21MH128467)