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Highlights…

Our top leads this month look at the uses of group therapy and the possible career pathways in academic medicine.

Inside

Group therapy

Exploring behavior management strategies in pediatric group therapy

By Maud D'Arcy, PMHNP-BC, MS-ED, Beverly Rich, DNP, APRN-BC, and Caley Arzamarski, PhD, NCSP

The iFriend outpatient group therapy program at Bradley Hospital promotes social competence in a school-age population. The 10-week-program helps children ages 8–11 develop and practice social skills in a small group setting. The skills developed include understanding body language, finding shared interests, conversation initiation and closing, perspective taking, equitable communication, and problem solving. iFriend also aims to teach parents/guardians strategies to help their children integrate the targeted skills into daily life.

Teaching social skills to the school-age population presents a number of challenges. Each child has a different learning style, varied interests, and unique emotional triggers that require various levels of support in a group. As such, it is necessary to continuously reflect upon the therapeutic aspects that foster productive group activities and to anticipate potential barriers to treatment. The iFriend team utilizes a formative assessment to adapt the curriculum each week, while implementing flexible and well-established clinical principles and behavior management techniques to best serve patients with varying mental health needs. The parent group, run in concert with the child group, emphasizes caretakers to reinforce these

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Career pathways

Modernize the academic medical center through innovation career pathways

By Joshua Kemp, PhD

An academic medical center (AMC) is a hospital system that is organizationally and administratively integrated with an academic institution to achieve a tripartite mission: train the healthcare workforce, conduct clinical research, and deliver high-quality patient care. The mission and value of AMCs has made them a core element of the healthcare system in the United States, and has afforded AMCs relative stability against industry turbulence over the years. However, a new era of care transformation characterized by increased demand for accessibility, convenience, and affordability is challenging that stability. Evolving patient needs and preferences are creating a new value equation in the U.S. healthcare system, which may shrink the viable market for AMCs that fail to modernize all aspects of their tripartite mission. New market entrants and existing competitors that embrace innovation will soon out-pace AMCs that lack the innovation infrastructure to create new clinical capabilities, enhance patient experiences, optimize cost structures, and seize on emerging revenue opportunities.

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all impacting on the global group dynamic, just as group leaders bring their own distinctive skills and charisma to the group milieu.

Parent groups also vary considerably based on composition. Some groups gel almost immediately forming a solid support network, while others are initially less cohesive, warranting innovative therapeutic group strategies to foster trust and connection among members. Incorporating effective, evidence-based strategies — structure, consistency, responsibility, empathy, and support — could benefit any type of group program. Even with the most challenging group dynamics, utilizing specific behavior management strategies promoted productive learning while maintaining the fabric of the group structure and therapeutic impact for youth and families. ■

Maud D'Arcy is an outpatient PMHNP-BC employed at Braver Medical treating kids with OCD and anxiety. She was an NP trainee at Bradley Hospital, involved as a research assistant, and co-led the children's group of the iFriend program from 2022–2023. **Beverly Waldman Rich** is an outpatient APRN at the Emma Pendleton Bradley Hospital and coordinator of the Nurse Practitioner Training Program. She is the founder and co-leader of iFriend. **Caley Arzamarski**, PhD, NSCP is an outpatient child and adolescent psychologist employed at Braver Medical and Clinical Assistant Professor in Child & Adolescent Psychiatry at Warren Alpert Medical School of Brown University. She previously co-led the iFriend social skills group at Bradley Hospital from 2016–2023.

References

Bacete, F. J. G., Marande, G., & Mikami, A. Y. (2019). Evaluation of a multi-component and multi-agent intervention to improve classroom social relationships among early elementary school-age children. *Journal of School Psychology*, *77*, 124–138. https://doi.org/10.1016/j.jsp.2019.09.001

Bierman, K. L., & Sanders, M. T. (2020). Teaching explicit Social-Emotional skills with contextual supports for students with intensive intervention needs. *Journal of Emotional and Behavioral Disorders*, *29*(1), 14–23. https://doi.org/10.1177/1063426620957623

Gover, A., Loukkola, T., Helene Peterbauer, & European University Association. (2019). *Student-centred learning: approaches to quality assurance*. https://bit.ly/3WVNsxX

Career pathways

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What is Healthcare Innovation?

Healthcare innovation is about improving the care delivery system with new ideas, products, and services that are feasible in practice and desirable among end users (Kelly & Young, 2017). Ideally, healthcare innovations should enhance value, reduce cost, improve quality, and prioritize patient experience (Pines et al., 2014). Innovation tends to be the purview of private, for-profit organizations in most industries; however, in the area of healthcare AMCs have several unique advantages over the private sector including a large number of faculty and staff who can recognize problems (innovation opportunities) in their workflows, solution-generating research across the bench-to-bedside continuum, and an array of care facilities to validate new innovations (Ellner et al., 2015).

Innovation is at the core of academic medical centers

In the 1960s and 1970s, it was rare for AMCs, which rely heavily on U.S. government funding for their research, to engage in technology transfer with the private sector. Prior to 1980, the government owned patents resulting from federally funded projects and policy required non-exclusive licensing; thus, there was little incentive for the private sector to make significant investments in clinical trials or the development of novel clinical technologies taking place at AMCs. However, the Bayh–Dole Act shifted the management of resulting research assets to the awardee institution; this gave rise to technology transfer offices within AMCs and provided significant financial incentive for private industry to invest in the translation of scientific discoveries from AMCs into frontline health solutions (Silva & Ramos, 2018). The Bayh–Dole Act is the impetus for healthcare innovation as we know it today, and from this perspective, innovation within AMCs should be viewed as both a strategic driver of institutional value, as well as a societal imperative to ensure that federally funded research projects translate to frontline care improvements.

Investment in innovation infrastructure is on the rise among AMCs, resulting in over 110 healthcare innovation centers across the country (Oppenheimer & Winston, 2019). Innovation centers typically include entrepreneurship-focused faculty education, accelerator and incubation programs, and business development resources. Innovation infrastructure is becoming increasingly essential for health systems to remain competitive given the near constant disruption in clinical care and its delivery. AMCs can function as innovation test beds where clinical care feeds the research agenda and education is focused on preparing clinicians and researchers to collaboratively implement care solutions that address unmet needs and improve delivery. Indeed, AMCs are well-positioned to serve as complete innovation ecosystems capable of identifying meaningful healthcare problems, developing feasible solutions, and validating their effectiveness in clinical workflows. A healthy innovation ecosystem will return value to the AMC in the form of cost savings, quality enhancement, and improved operating efficiency. Innovation centers are key for managing an AMC's innovation ecosystem. They also drive economic growth by optimizing the commercial potential of new care solutions through licensing agreements, spin-outs, and collaborative initiatives with private industry partners.

Academic entrepreneurship and intrapreneurship are emerging career pathways

With the rise of healthcare innovation within AMCs has come a new type of translational research career path focused on bringing new discoveries to market. This type of researcher, the academic entrepreneur, is an individual seeking to commercialize innovative research products through patents and licensing, spin-outs, or collaborative industry partnerships. The traditional translational spectrum of clinical research begins with basic research and discovery, moves through efficacy testing, and ends with effectiveness and implementation trials; however, there is another subsequent step that is necessary for new research to reach the market and scale to broad impact, the process of commercialization, which is often left to others outside of AMCs. Academic entrepreneurs are interested in that commercialization step, and do not want to rely

on external players to ensure their discoveries make an impact on health. Successful academic entrepreneurs combine the rigor and technical know-how of a traditional researcher with the business acumen to recognize market demands (i.e., what patients and hospital systems truly want and need) and can articulate a compelling value proposition.

Healthcare innovations from traditional academic settings are often built without a strong understanding of actual patient needs and the challenges of typical clinical workflows, which leads to the development of unnecessary and infeasible solutions. Ideally, an innovator should have a problem in search of a solution, not a solution in search of a problem. Clinical researchers in AMCs are especially well-suited to identify true pain points in the healthcare system and to work collaboratively with interdisciplinary teams to tailor unique solutions to those problems; this makes researchers at AMCs — especially those involved in aspects of care delivery — the ideal candidates for the academic entrepreneur pathway. This pathway allows researchers to not only pursue exciting discoveries in response to known healthcare delivery problems, but to follow those discoveries through the process of implementation, market validation, commercial development, and scaling to impact.

Not all forms of researcher involvement in innovation require an entrepreneurial path toward commercialization. In fact, most academic entrepreneurs start as intrapreneurs. Intrapreneurship is the process of developing new products or services that enhance the value an organization can provide to its customers. Well-known examples of intrapreneurship include the McDonald's Happy Meal or Google's Gmail; these were internal innovations intended to add value to existing business products or services. In the context of healthcare, the concept of value is more than just revenue growth, it is first and foremost about quality and patient experience. Many clinical researchers are already healthcare intrapreneurs without knowing it, meaning they are developing solutions to improve aspects of operating efficiency, care quality, and patient experience within their own institution. A healthy innovation ecosystem creates value for the AMC through a balance of intrapreneurship and entrepreneurship activity, which drives institutional change and care quality while investing in breakthroughs that may improve population health and return novel revenue.

Supporting entrepreneurship and intrapreneurship within academic medical centers

A healthy innovation ecosystem is built upon academic entrepreneurs and intrapreneurs, and there are several ways in which AMCs can cultivate and support faculty along these career pathways. Going back to the tripartite mission of AMCs, it begins with education and mentorship to build up basic elements of business acumen and move innovators out of departmental silos to create interdisciplinary teams. Developing academic entrepreneurship career pathways also requires tailored incentive and promotion structures that align with the process of innovation, such as recognizing patents and spin-outs as evidence of innovation and professional progress along this unique career pathway. Without these changes, it is risky for faculty to engage in innovation because much of their efforts will not be recognized with traditional academic promotion metrics and may cost them opportunities for professional advancement. A review of the ways in which incentives and promotion criteria can be aligned to support a new academic entrepreneur career path is beyond the scope of this brief article, but there are promising options outlined in the literature, including the development of an innovation RVU to better account for productivity and derived value from faculty involvement in innovation (Mallipeddi et al., 2023). Also beyond the scope of this article is a discussion of necessary adaptations to existing pieces of AMC infrastructure, including policies pertaining to intellectual property conflict of interest, institutional review board procedures, legal and regulatory compliance, and information systems that can be tailored to support the process and timelines of successful innovation.

Innovation is essential to the modernization of academic medical centers

If AMCs are to realize the benefits of a healthy innovation ecosystem, they must start with adaptations to their tripartite mission that create a culture and infrastructure that allows academic entrepreneurs and intrapreneurs to flourish. Fortunately, many of the building blocks for a healthy innovation ecosystem are naturally built into the AMC structure, including opportunities for cross-disciplinary collaboration, co-located research and clinical facilities, and an appetite for forward-thinking education to train the next generation of healthcare innovators. AMCs that invest in the necessary innovation infrastructure to develop, test, and scale solutions in response to patient wants and needs will be well-poised to seize on revenue opportunities that emerge from the current era of healthcare transformation and new value equation in the U.S. healthcare system. ■

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References

Ellner, A. L., Stout, S., Sullivan, E. E., Griffiths, E. P., Mountjoy, A., & Phillips, R. S. (2015). Health systems innovation at academic health centers. *Academic Medicine*, *90*(7), 872–880. https://doi.org/10.1097/acm.0000000000000679

Kelly, C. J., & Young, A. J. (2017). Promoting innovation in healthcare. *Future Healthcare Journal*, *4*(2), 121–125. https://doi.org/10.7861/futurehosp.4-2-121

Mallipeddi, N. V., Chandra, J., & Succi, M. D. (2023). A strategy to incentivize innovation in the health care system: the innovation RVU. *Nature Biotechnology*, *41*(10), 1485–1487. https://doi.org/10.1038/s41587-023-01971-w

Oppenheimer, N., & Winston, F. (2021). Introduction: What Is Academic Entrepreneurship? *Academic Entrepreneurship for Medical and Health Sciences*. https://doi.org/10.21428/b2e239dc.6309320b

Pines, J. M., Farmer, S. A., & Akman, J. S. (2014). "Innovation" institutes in academic health centers. *Academic Medicine*, *89*(9), 1204–1206. https://doi.org/10.1097/acm.0000000000000419

Silva, P. J., & Ramos, K. S. (2018). Academic Medical Centers as Innovation Ecosystems: Evolution of industry partnership models beyond the Bayh–Dole Act. *Academic Medicine*, *93*(8), 1135–1141. https://doi.org/10.1097/acm.0000000000002259