There is growing attention to the importance of infant mental health, defined as recognizing, evaluating, and treating behavioral health symptoms in the first 3 years of life [1]. Currently, there are concerns about overmedication in lieu of comprehensive biopsychosocial treatments with respect to very young children, as well as the realization that more comprehensive services can help in preventing and averting difficulties as children grow older [2–5]. Developmental knowledge about very young children is also important for child psychiatry in treating older children and adolescents as well as understanding early factors that may impact on disorders in adults [6]. Further, infant mental health training and work is multidisciplinary, which provides the opportunity for child psychiatry fellows to learn about multiple systems that may be helpful to the assessment and treatment of young children and their caregivers [7–10]. The importance of training child psychiatry fellows in infant mental health has a long and rich history within child psychiatry [11, 12], pediatrics, and more recently, neuroscience. The theoretical, research, and clinical base was recognized early in child psychiatry as represented in two interesting and informative volumes entitled frontiers of infant psychiatry [13, 14]. In these books, the authors elaborated on major contributions in what was then called infant psychiatry that broadened perspectives on the importance of the early years. More recently, researchers have emphasized the importance of early experiences during pregnancy and in the first years of a child’s life that can have a significant impact on brain development [15]. From a pediatric perspective, the Brazelton Touchpoints Center, based on scientific research and clinical observations of babies and young children, reshaped the field of early child development and the practice of pediatrics. The Touchpoints approach is a systems theory based model of human development that helped to lay the foundation for the infant mental health field [16, 17]. With more of a focus on neuroscience, stress, and brain development, the Center for the Developing Child at Harvard directed by Jack Shonkoff, Professor of Pediatrics at Harvard Medical School, has emphasized that the mission of the university-wide center is to bring credible science to bear on public policy affecting young children, especially those facing adversity [10, 15].

Despite support for infant mental health, current Accreditation Council for Graduate Medical Education (ACGME) Program Requirements for child and adolescent psychiatry do not make specific reference to infants, and only briefly mention the preschool age regarding instruction in normal development. For example, IV.A.6.i states that, “Fellows must have instruction in normal development, including observation of and interaction with normal preschoolers, school-aged children and adolescents.” Further, IV.A.6.k states, without specific mention of infants and young children, that “care for outpatients must include work with some child and adolescent patients from each developmental age group, continuously over time, and whenever possible, for one year’s duration or more” [18]. Likewise, the milestones do not mention the word infant and speak of preschool only one time related to acquiring a customized history (PC1-level 4) [19]. These omissions set a very low bar for accreditation for compliance in this key area of child psychiatry. Child psychiatry training is enhanced by incorporating more educational content on young children, ages 0–3, beyond the minimum, and largely absent, current requirements. This paper provides a
description of the comprehensive infant mental health training program for the Child Psychiatry Division at the Louisiana State University Health Sciences Center (LSUHSC) Department of Psychiatry and its potential applicability to other training programs.

The LSUHSC Harris Center for Infant Mental Health and Child Psychiatry

In 2006, the LSUHSC Harris Center for Infant Mental Health was established in the Department of Psychiatry with the mission of advancing infant mental training, research, and policy development. The Harris Center for Infant Mental Health at the LSUHSC offers multidisciplinary training to child psychiatry fellows, psychologists, and social workers. Through this training, child psychiatry fellows learn the importance of utilizing different clinical expertise to apply to clinical work with infants and young children, 0–3 years old. Since its inception, the child psychiatry rotation has evolved into a mandatory 12-month course that begins in the second year of training. During the infant mental health training rotation, child psychiatry fellows learn methods for conducting infant mental health assessments, evaluations, and treatment for young children and their parents or caregivers using evidence-based practices. The training program includes four components: (1) weekly didactics, (2) infant observation, (3) clinical experience, and (4) reflective supervision.

(1) Weekly didactics. During the course of the year, trainees attend weekly 2-h didactic lectures on many topics that are important to infant mental health and learn about assessment, evaluation, and evidence-based and promising practices and treatments. Both group and individual supervision are provided weekly. Didactics include clinical experiential work related to developmental context, behavioral and emotional issues, and the etiology and expression of psychopathology. General topics include social and emotional development, diversity-informed mental health tenets, the recognition of trauma and the importance of developing a trauma narrative, impact of drugs and medication taken during pregnancy, fetal alcohol syndrome, maternal mental illness, autism, abuse and neglect, fathers’ role in development, circle of security, psychopharmacology for young children, and compassion fatigue and secondary traumatization.

Of note, the fellows receive training on evidence-based treatments, most specifically, child-parent psychotherapy (CPP), an evidence-based intervention designed for working with infants, young children (ages 0–6 years), and their parents or caregivers when exposed to one or more traumas, which is the primary treatment of choice within the program [20, 21]. In addition, parent-child interaction therapy (PCIT), an evidence-based behavioral intervention for disruptive children age 2–7 years demonstrating externalizing and/or internalizing problems, and attachment and bio behavioral catch-up (ABC), a short-term evidence-based intervention designed to improve the parent-child relationship by both increasing positive and decreasing negative behaviors among parents at risk for maltreating their children, are highlighted [22, 23]. The training is provided at the LSUHSC School of Medicine by a diverse and multicultural team of 11 faculty members from the Department of Psychiatry who have expertise in infant mental health. Additional faculty and clinicians from the community, including prior graduates from the program, provide guest lectures in particular areas of expertise. Technology is used throughout the training program including videotapes for training and supervision and web-based learning for content-specific materials.

(2) Infant observation. Infant observation is an important component of the training program, and fellows are required to follow the development of a low risk, normally developing baby to provide an important basis for understanding the disruptions in normal development. Fellows are required to write up their infant observations and submit them at the end of the year. In addition to their training cases, fellows have the opportunity to observe infants in the didactic seminars as well as in videotapes illustrating problems in development during the group supervision. The fellows learn the importance of observational skills in diagnosis and treatment of infants, young children, and families and come to understand when a child is referred with behavioral or emotional dysregulation that “behavior has meaning” for both the trainee and the parents with whom they work [14].

(3) Clinical experience. Trainees develop and practice their clinical skills through direct clinical experience with young children and their families. During the course of their training, they assess and provide treatment for at least two young children, ages 0–3 years, with their parents or caregivers. Consultation and services are provided at public sector outpatient clinics, the departmental outpatient clinic, and through the Mental and Behavioral Health Capacity Project young child program established in federally qualified health clinics, and other community primary care clinics. The training program is well established in the community and receives frequent referrals from outside agencies and pediatricians that increase the availability and diversity of infant referrals. Medication management is considered and implemented when it appears clearly beneficial for treatment. Allowances are made for inclusion of older children (up to 6 years of age) when warranted by the demographics of the treatment-seeking population or to allow a fuller experience in medication management.
(4) Reflective supervision. Child psychiatry fellows participate in 1½h of group reflective supervision each week and 1 h of individual supervision. Reflective supervision helps the resident gain an understanding of the emotions and feelings that may emerge when providing treatment for very young children and their caregivers, especially when they are at high psychosocial risk. During the weekly group supervision, each of the trainees has an opportunity to present a case with videotape illustrations of assessment and/or treatment for discussion by the supervisor and the group. Individual supervision is also provided by LSUHSC faculty.

Conclusion

From the child psychiatry resident’s perspective, infant mental health training provides an important foundation with regards to early relationships and trajectories of development that affect all later relationships [24]. The importance of a measured consideration of the potential developmental underpinnings of dysfunction and distress in very young children is an integral part of understanding and treating psychopathology [25]. This perspective helps child psychiatry fellows accurately understand important causative factors and influences impacting children. It will allow them to respond more sensitively to the needs of very young children and families, helping the children reach higher levels of development and wellness. Further, the training helps support increased integration of mental and behavioral health in primary care clinics and specialty clinics when young children may present with worrisome symptoms such as disruptive behaviors [26, 27]. It supports child psychiatry fellows in developing their role as consultants to pediatricians, and primary care physicians in integrated health clinics and pediatric homes [28].

As there is greater recognition of the importance of prevention, which is aided by addressing problems early in young children, child psychiatry needs to respond with an enhanced focus on ages 0–3 with more comprehensive training. Current programs can utilize individual lectures or all components of the training to improve their infant mental health curriculum [29]. Through the increased understanding and application of key concepts provided in infant mental health training, child psychiatry fellows will become competent in a repertoire of skills that can be used to assess, comprehend, and treat a varied patient population in a more thoughtful and helpful manner. Comprehensive training programs, such as the LSUHSC Department of Psychiatry Harris Center for Infant Mental Health, suggest ways to enhance training that will become increasingly important in responding to the evolving healthcare delivery systems in recognizing and meeting the needs of families with very young children.

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Compliance with Ethical Standards

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