Development of an Educational Program to Promote Integration of Infant Mental Health Assessment and Intervention into an Advanced Practice Registered Nurse (APRN) Operated Primary Care Clinic

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Disclaimer

The speakers have no conflicts of interest to disclose

Objectives

Objective 1: Participants will define Infant Mental Health and discuss the significance of the integration of Infant Mental Health into primary care

Objective 2: Participants will identify 3 Adverse Childhood Experiences (ACEs) and discuss the negative impact of trauma on Infant Mental Health

Objective 3: Participants will identify 2 benefits of educating APRNs in primary care about Infant Mental Health and Infant Mental Health Screening
Focus of Study

- Integration of Infant Mental Health (IMH) assessment by APRNs into primary care
- Focused Review of Literature
  - Supportive Evidence
  - Current Trends

Study Question

What is the APRN knowledge base of IMH and IMH screening for at-risk infants in an urban, APRN primary care clinic, and will an educational intervention improve APRN knowledge of IMH?

Infant Mental Health

What is Infant Mental Health (IMH)?
- The emerging ability to
  - Cope with emotions
  - Manage behavior
  - Form close emotional ties to others
- Encompasses ages zero to three
- Addresses infant in context of family environment

(www.zerotothree.org)
Amazing Brain Development

- Developing infant brain
- Plasticity of the brain
- Emotional responses affecting brain
- Structure and functioning aspects of brain

(Rotth and Sweatt, 2013)

Early Childhood Trauma

- High stress levels disrupt infant’s developing hormone regulatory system
- Toxic stress damages developing brain architecture
- Cognitive, emotional and social capacities are interconnected

(Rotth and Sweatt, 2013)

What are Adverse Childhood Events (ACEs)?

Adverse Events in Childhood include:
- Childhood sexual/physical/emotional abuse
- Witnessing violence in home
- Parent using ETOH/drugs
- Incarcerated parent

ACES impact mental and physical health in adulthood (Felitti et al., 1998)
ACE Pyramid and IMH

- Early Death
- Disease, Disability, & Social Problems
- Adoption of Health-Risk Behaviors
- Social, Emotional, & Cognitive Impairment
- Disrupted Neurodevelopment
- Adverse Childhood Experiences

(Adapted from www.cdc.gov/violenceprevention/acestudy/index.html)

Screening for IMH in Primary Care

- Primary care providers are front line for assessment and screening
- IMH integration into primary care accomplished with IMH screening tool
- IMH screening best utilized at well child visits
- IMH screening results in early referral and intervention

(Wonca, 2008)

Benefits of Promotion of IMH

- Identify at risk infants before ACES
- Promote healthy interaction of infant and parent
- Facilitate early intervention when infants are at risk
- Refer as needed for additional services
- Prevents long term consequences of ACEs
Resilience Promotion

- Protective factors that enhance resilience
  - Parental resilience
  - Healthy social connections
  - Parental knowledge of child development
  - Stable community support system
  - Children’s healthy social and emotional development
  
  (www.resiliencetrumpsaces.org)

IMH Assessment: Age Specific Red Flags

- 6 months
- 8 Months
- 12-18 Months
- 18-36 Months

(www.zerotothree.org)

Significance of IMH Screening

- Identification of at-risk infants/families
- Early intervention to address mental health needs
- Early identification to decrease risk of sequela from ACEs

(Greenspan & Weider, 2006; Zeanah, 2009)
Impact of Untreated Mental Health Issues

- **What are the Societal Costs?**
  - Increased cost to educate a child
  - Increased criminal justice system involvement
  - Higher unemployment
  - Poor physical health and mental illness later in life

  [Doran, Jacobs, & Dewa, 2012]

Method

- APRNs self-selected sample
- A pretest/posttest design
- Education module

Data Analysis and Results

- APRN participation voluntary
  - Twelve of 28 completed pretest, educational module, and the posttest
- Parametric and nonparametric tests used for data analysis
- Eleven of 12 respondents had score gains from pre- to posttest
Discussion

• The educational intervention increased APRN knowledge of IMH in a primary care setting
• Study Limitations
• Future Recommendations

Conclusion

• APRN awareness of challenges of at-risk infants and families
• APRN opportunity & responsibility to impact IMH
• APRN knowledge of IMH is critical
• APRN education essential for integration of IMH into primary care

References