Harris Program fellowships help close service gap

A Head Start in Early Childhood Mental Health at CU, UCH

The word “childhood” may evoke images of young kids romping through sun-filled days of play and steadily unlocking the doors to knowledge and understanding. For some, however, the reality is far different – and more difficult.

A significant number of children, in fact, require mental health services because of poverty, abuse and neglect, trauma, and many other factors. Yet their needs outstrip the number of providers clinically trained to meet them.

To close the gap, the Irving Harris Program in Child Development and Mental Health at the University of Colorado School of Medicine offers post-doctoral fellowships for clinicians interested in honing their skills in the highly specialized world of infant and early childhood mental health.

The university is one of just 12 sites in the U.S. funded by the Irving Harris Foundation or the Harris Professional Development Network that offer the training, some of it in partnership with University of Colorado Hospital’s Outpatient Psychiatric Practice.

The program was started at CU in 1996 by the late Robert Harmon, MD – later the first medical director of the Center for Dependency, Addiction and Rehabilitation at UCH – with the help of funding from the Chicago-based Irving Harris Foundation. That organization, in turn, was founded in 1946 to assist programs that focus on meeting the needs of children and families.

Harris fellows get their early childhood clinical training through clinical sites at the University of Colorado Psychiatry Department, Children’s Hospital Colorado and the Kempe Center for the Prevention and Treatment of Childhood Abuse and Neglect. They work in an array of programs that serve the needs of infants, toddlers, and young children and their families. Among other issues, these programs treat parents with addiction problems, children who have experienced abuse and neglect, young children in pediatric primary care with behavioral challenges, and parents struggling with fussiness, said Karen Frankel, PhD, who directs the Kempe Center Therapeutic Preschool and the Irving Harris Program.

Thanks to a partnership between the Harris Program and UCH’s Community Based Psychiatry program, the fellows recently gained another opportunity to treat children up to the age of six in their homes. Beginning in September, fellows will also see infants and children through the age of five on an outpatient basis in the hospital’s Young Child and Family Clinic.

Resource deficit. It’s a range of training that is badly needed throughout the state and the nation, said Frankel.

“Early childhood mental health is a sub-subspecialty that requires unique and particular experience,” she said, adding that a relatively small number of clinicians are trained to work with very young children and adolescents. “Most of Colorado has limited resources, and nationally there is a shortage of mental health professionals with early-childhood training.”

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The resource deficit can have profound consequences,Frankel added. “[A child's] care giving sets the brain's emotional development,” she said. “Patterns of poor sleep and regulation that can lead to problems in learning, behavior, health, and even obesity, for example, are often established early in infancy.”

Kids' early experience also lays the groundwork for biological, psychological and emotional patterns that can make individuals either resilient or vulnerable to stressors, Frankel maintained.

In turn, Carter added, Harris fellows gain exposure to a “broad community of patients across ages and cultures.”

**Close to home.** Roy, who will wrap up her fellowship program Aug. 31, then move on to Mental Health Center of Denver, splits her time between the Community Based Psychiatric program, where she sees youngsters – all under the age of six – and their parents in their homes, and the Haven Therapeutic Community, a residential treatment center for women with substance abuse and addiction problems operated by the School of Medicine's Department of Psychiatry.

“In the community setting, I see a lot of kids with trauma resulting from divorce, abuse and neglect,” she said. Many of the kids’ mental health issues manifest themselves in “behavioral concerns,” she added, that go well beyond the typical youthful pushing and shoving one might expect.

“We deal with kids who get into lots of fights and show extreme amounts of aggression,” Roy said.

It's a complex job, in part because her clients – the kids – have limited verbal skills. Roy closes the gap by meeting them at their level.

“They often can’t speak with us, but they can tell us so much through play,” she related. She uses relaxation techniques – deep breathing with bubbles, for example – and stress-reduction strategies like getting them to withdraw into a safe emotional space as a turtle would go into its shell.

On the other hand, she also has to consider the parent's or primary care giver's integral role in the child's development.

“I see parents as the main tool; I work through them,” Roy said. “I tell them, ‘I see the kids two or three hours a week, you see them hundreds.’ I work on teaching [parents] new skills that they can use throughout their lives.”

**Complicated dance.** The key is teaching parents how to deal productively with kids during difficult times, said Marisa Murgolo, MSW, LCSW, Community Based Psychiatry program supervisor. Kids with mental health issues may suffer from extreme inconsolability, attachment issues or a variety of other problems, such as post-traumatic stress disorder.

“We try to teach parents how to interact with their kids,” she said, “to read their cues and soothe them.” Community-based therapists also look for signs of developmental needs, and help link parents to services, she added.
But it’s a complicated dance. “The focus is the child,” Murgolo said. Parents don’t receive counseling for their own psychiatric issues as part of the interaction with the child, she explained. If those issues “get in the way” of the work with the youngster, therapists can recommend separate services.

The partnership between the Community Based Psychiatry and Harris programs is developing slowly; Murgolo said her program served seven kids in fiscal year 2011, which ended June 30. But Frankel sees community-based care as an important part of the fellowship training.

“It’s growing and recognized as best practice,” she said. The majority of the state’s 17 community-based centers, she added, “attempt to offer mental health services in the natural environment. It’s an opportunity to meet little children and their parents on their own turf.”

As modern medicine’s understanding of the antecedents of childhood mental health issues and ways to treat them advance, so will society’s willingness to put more resources into programs like the Harris fellowships, Carter believes.

“It’s an investment in the child and in society,” she said. “There is newer, advancing science in evidence-based medicine. We want our physicians [and providers] to be conversant with and more expert in those areas.”