

ST3-CAP-AOP-EPA9 – Infant mental health formulation

Area of practice	Child and adolescent psychiatry	EPA identification	ST3-CAP-AOP-EPA9	
Stage of training	Stage 3 – Advanced	Version	v0.1 (EC approved 12/04/19)	
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>				
Title	Conducts comprehensive assessment of child under three presenting with feeding and sleeping problems and presents the formulation to the family			
Description Maximum 150 words	<p>The trainee:</p> <ul style="list-style-type: none"> Engages appropriate care-givers in assessment and feedback Attains collateral information required for adequate formulation Incorporates the individual developmental, caregiver and contextual factors that interact in development of the sleeping and feeding difficulties Includes assessment of the infant’s development, parent-child interaction and risk Utilises interpersonal collaborative skills to enhance family engagement understanding of the child and presentation. 			
Fellowship competencies	ME	1,2,3,5,9	HA	1,4
	COM	2,3,4	SCH	4,5
	COL	1	PROF	
	MAN			
Knowledge, skills and attitude required The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p>Ability to apply an adequate knowledge base</p> <ul style="list-style-type: none"> Understands the normal developmental spectrum and the rapid changes occurring in the first 3 years. Understands presentation within an attachment theory framework. Understands the scope of infant, care-giver, family environment and other contextual factors influencing developing infant self-regulation including the circular causality. Understands the influence of cultural and other early parenting practices on sleep and feeding. Aware of the physical health disorders that may present with feeding and sleeping difficulties in the first 3 years. 			

	<ul style="list-style-type: none"> • Knowledge of risk factors for poor adjustment to pregnancy and parenthood, including pre-existing parental psychosocial factors and personality disorder. • Understands pre-natal factors that impact on infant development including exposures. • Understands legal frameworks relating to working with parents,, infants and young children and local responsibilities particularly as it relates to child protection. <p>Skills</p> <ul style="list-style-type: none"> • Integrates information obtained in a comprehensive assessment to produce a clear formulation that incorporated biological, developmental, parental/family and sociocultural factors. • Recognises the multifactorial nature of infant presentations. • Aware of the strengths and limitations of the formulation and incorporates these in the information delivered to the family. • Adapts language to the capacity of the family to understand the information including the use of interpreters and provision of written information where appropriate. • Responds to questions to enhance understanding. • Works in a trauma informed framework. • Ability to work within legal frameworks relating to working with parents, the unborn child, infants and young children. • Recognises and responds to concerns about child protection where relevant. <p>Attitude</p> <ul style="list-style-type: none"> • Demonstrates respect for the family. • Has a collaborative approach. • Works within professional and ethical guidelines while keeping the needs of both parent and child in mind. • Considers issues of confidentiality, consent and capacity for parent and child and works in the best interests of the child.
Assessment procedure	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Additional assessment considerations (if needed)	<ul style="list-style-type: none"> • Observed Clinical Activity (OCA). • Mini-Clinical Evaluation Exercise. • Case-based discussion. • Direct Observation of Procedural Skills (DOPS). • Professional Presentation
References	

- Berg A (2015) *Failure to thrive or weight faltering in primary health care setting*. In Rey JM (ed), IACAPAP e-Textbook of Child and Adolescent Mental Health. Geneva: International Association for Child and Adolescent Psychiatry and Allied Professions. <http://iacapap.org/iacapap-textbook-of-child-and-adolescent-mental-health>
- Mares S & Woodgate S (2017) *The clinical assessment of infants, preschoolers and their families*. In Rey JM (ed), IACAPAP e-Textbook of Child and Adolescent Mental Health. Geneva: International Association for Child and Adolescent Psychiatry and Allied Professions. <http://iacapap.org/iacapap-textbook-of-child-and-adolescent-mental-health>
- Newman, L (2012) Getting in early: Identification of risk in early childhood, *Australian and New Zealand Journal of Psychiatry* 46: 697-699
- Zeanah, CH (2016) Defining relational pathology in early childhood: the diagnostic Classification of mental health and developmental disorders of Infancy and early childhood dc:0–5 approach, *Infant Mental Health Journal*, 37(5): 509-520

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar