

# Integrating infant mental health into the neonatal intensive care unit

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Bringing a baby into the world involves many firsts—mothers and fathers are discovering their new roles, babies are learning what it means to live outside the womb, and the family is forging a relationship and bonding. What happens when this time of uncertainty is complicated by medical issues?

Many infants born premature or with other complications often forego their first weeks or months at home for a stay in the [neonatal intensive care unit](#). The NICU is designed to deliver critical medical care to babies in need but can be traumatic for infants and their families, alike. In the Early Childhood Mental Health Program at Children's Hospital Los Angeles, clinical psychologists Marian Williams, Ph.D., Patricia Lakatos, Ph.D., and a team of infant-family mental health specialists work towards greater mental health awareness in the NICU.

Infants may not be the first age group called to mind in discussions of mental health. Yet, for babies in critical medical condition, Dr. Lakatos says an "infant mental health-informed perspective" could reduce stress and improve bonding with parents. This means not only focusing on the physical needs of the child but also the emotional and mental needs, not an easy task for [newborn infants](#) who cannot make their voices heard.

In an article published in *Journal of Clinical Psychology in Medical Settings*, Dr. Lakatos, Dr. Williams, and co-authors Tamara Matic, MD, and Melissa Carson, MD, advocate for a third component of the NICU family—the relationship between baby and parents. "A lot of mental

health work in NICUs currently focus on either the mental health of parents or on the baby's development," says Dr. Williams, who is also the Director of the Stein Tikun Olam Infant-Family Mental Health Initiative at CHLA. "We also want to focus on the relationship between babies and their parents."

Many parents of children in intensive care units experience symptoms of post-traumatic stress, which can threaten bonding with a newborn baby. In order to support the developing relationship between parents and their new baby, the CHLA infant mental health team turned to a model of intervention that has demonstrated success in families who have undergone trauma. Child-Parent Psychotherapy—or CPP—addresses the parent-child [relationship](#) directly, nurturing and advocating for it in its own right.

With funding from the Stein Tikun Olam Infant-Family Health Initiative, Drs. Williams and Lakatos, and the team were able to adapt CPP to the NICU setting at Children's Hospital Los Angeles. Their publication describes how the established, evidence-based CPP model can be used to nurture developing infant-parent relationships in the NICU. While it has been implemented in other settings, CPP is not commonly integrated into NICU patient care.

CPP is a flexible model that has multiple levels of intervention, depending upon individual family needs. Sessions with trained CPP providers can vary in number or duration, with the aim of restoring a developmental trajectory for parent and child. CPP providers advocate for mental health needs of parents and babies, working alongside their medical and social work colleagues. "When babies are in the hospital, we need to think about them, their [parents](#), and their relationships," says Dr. Lakatos.

Appropriately, NICU medical staff focus on the acute physical needs of

the child. Dr. Williams sees clinical psychologists in a necessary, complementary role. "These [babies](#) are eventually going home," she says. "They are missing out on their bonding time, but there is great potential for resilience. Being mindful of the stressors these families are facing helps them feel understood and can set them on a positive trajectory."

**More information:** Patricia P. Lakatos et al, Child–Parent Psychotherapy with Infants Hospitalized in the Neonatal Intensive Care Unit, *Journal of Clinical Psychology in Medical Settings* (2019). [DOI: 10.1007/s10880-019-09614-6](#)

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